FACTORS INFLUENCING RETENTION OF PROFESSIONAL NURSES IN A PUBLIC HEALTH CARE FACILITY IN WINDHOEK, NAMIBIA

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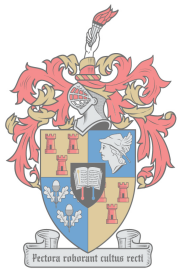
Thesis presented in partial fulfilment of the requirements for the degree of Master of Nursing Science in the Faculty of Medicine and Health Sciences

Stellenbosch University



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DECLARATION

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ABSTRACT

Retention of professional nurses in public healthcare facilities is essential for maintaining quality nursing care. Effective retention strategies enhance nurses' job satisfaction, promote professionalism, decrease organisational costs and improve patients' care. The Namibian public healthcare facilities have been experiencing challenges in retaining professional nurses for a long time and this has affected patient care, students' clinical practice and the facilities' status. The aim of this study was to explore the perceptions of professional nurses regarding the factors that influence the retention of professional nurses in a public healthcare facility in Windhoek, Namibia.

A qualitative approach with a descriptive research design guided this study. One–on-one in-depth interviews were conducted to explore the perceptions and experiences of professional nurses on the factors influencing retention of staff. Eleven professional nurses were selected using purposive sampling. Consent to conduct the study was obtained from the Health Research Ethics Committee of Stellenbosch University, the Ministry of Health and Social Service of Namibia, the health institution and individual study participants. Thematic analysis of the data was performed.

Professional nurses reported that nurse retention in public healthcare facilities is negatively affected by poor working conditions including workload, insufficient remuneration system, lack of professional autonomy, limited career development opportunities and the respective lack of management and leadership styles.

Retention of professional nurses promotes quality nursing care. Ineffective implementation of nurses' retention strategies leads to low organisational productivity, poor patient care, poor facility image, job dissatisfaction and increased nurse turnover. Strategies to improve the quality of work life are recommended.

Key words: Retention, professional nurses, public healthcare facilities.

OPSOMMING

Die retensie van professionele verpleegsters in openbare gesondheidsorgfasiliteite is belangrik om die kwaliteit van verpleegsorg te handhaaf. Effektiewe retensiestrategieë verhoog verpleegsters se werksbevrediging, bevorder professionalisme, verminder organisatoriese onkoste en verbeter pasiëntesorg. Die Namibiese openbare gesondheidsorgfasiliteite het vir ‘n lang tyd uitdagings in die gesig gestaar vir die behoud van professionele verpleegsters wat pasiëntesorg, studente se kliniese praktyk en die fasiliteite se status geaffekteer het. Die doel van hierdie studie was om die persepsies van professionele verpleegsters ten opsigte van die faktore wat die behoud van professionele verpleegsters in ‘n openbare gesondheidsorgfasiliteit in Windhoek, Namibia beïnvloed, te ondersoek.

Hierdie studie is gelei deur ‘n kwalitatiewe benadering met ‘n beskrywende navorsingsontwerp. Een tot een deurgrondige onderhoude was gehou om die persepsies en ervaringe van professionele verpleegsters oor die faktore wat die behoud van personeel beïnvoed, te ondersoek. Elf professionele verpleegsters was geselekteer deur ‘n doelgerigte steekproef te gebruik. Toestemming om die ondersoek te loods is verkry van die Gesondheidsnavorsingsetiekkomitee aan die Universiteit van Stellenbosch, die Ministerie van Gesondheid en Maatskaplike Dienste van Namibia, die gesondheidsinstansie en individuele studie-deelnemers. ‘n Tematiese analise van die data is uitgevoer.

Professionele verpleegsters het gerapporteer dat verpleegsterretensie in openbare gesondheidsorgfasiliteite negatief geaffekteer word deur swak werksomstandighede wat werklading, ‘n onvoldoende remunerasie-sisteem, ‘n gebrek aan professionele outonomie, beperkte beroepsontwikkelingsgeleenthede en ‘n gebrek aan bestuur- en leierskapstyle insluit.

Retensie van professionele verpleegsters bevorder die kwaliteit van verpleegsorg. Oneffektiewe implementering van retensiestrategieë van verpleegsters lei to lae organisatoriese produktiwiteit, swak pasiëntesorg, ‘n swak fasiliteitsbeeld, werksontevredenheid en ‘n toename in verpleegomset. Strategieë om die kwaliteit van werklewe te verbeter, word aanbeveel.

Sleutelwoorde: Retensie, professionele vepleegsters, openbare gesondheidsorgfasiliteite

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ABBREVIATIONS

BHERC	Biomedical Health Ethics Research Committee
ESA	Eastern and Southern African
HPCNA	Health Professional Council of Namibia
HPP	Harambee Prosperity Plan
HR	Human Resources
HREC	Health Research Ethics Committee
KIH	Katutura Intermediate Hospital
MDGs	Millennium Development Goals
MDG4	Millennium Development Goals to reduce child and maternal deaths
MoHSS	Ministry of Health and Social Services
MoHSW	Ministry of Health and Social Welfare
NHTC	National Health Training Centre
OSD	Occupational Specific Dispensation
PMS	Performance Management System
PN	Professional nurse
QWL	Quality of Work Life
UNAM	University of Namibia
UK	United Kingdom
USA	United States of America
WHO	World Health Organisation

CHAPTER 1
FOUNDATION OF THE STUDY

1.1 INTRODUCTION

The retention of professional nurses in the healthcare sector is essential for the provision of quality nursing care in healthcare institutions (MacKusick & Minick, 2010:1; Hayward, Bungay, Wolff & MacDonald, 2016:2). Retention is the ability of an organisation to retain its employees in its service (Muller, 2009:314). A healthcare institution can retain workers through various strategies such as supportive management systems and constructive leadership by unit managers (Duffield, Roche, Blay & Stasa, 2010:10). Good retention strategies enhance nurses' job satisfaction, promote professionalism, decrease recruitment costs and improve quality of patient care (Armstrong, 2009:6; Hunt, 2009:9; Mokoka, Oosthuizen & Ehlers, 2010:5). On the other hand poor organisation retention policies can compromise the healthcare service delivery system, bearing in mind that nurses constitute 90% of the healthcare workforce and spend most of their time with patients (Markham & Bounds, 2008:26; Agrawal, Berlin, Grote & Scheidler, 2012:53; Cangelosi, Flinkmann Isopahkla-Bournet & Salanterä, 2013:1). Despite nurses' meaningful contribution to societal welfare, healthcare facilities are failing to retain their nursing workforce (Klaas, 2007:13; Agrawal *et al*., 2012:53).

The researcher is a clinical instructor for an undergraduate diploma registered nurse project. She observed that nurses were still leaving their employment at public healthcare facilities in Namibia. During her clinical follow-up of students at public healthcare facilities in Windhoek, she observed an increased turnover of professional nurses, especially at the Katutura Intermediate Hospital (KIH). As a result of this increased turnover, patients did not receive adequate nursing care, and the student nurses' clinical learning and mentoring support was limited. These observations motivated the researcher to explore the reasons why KIH, as a public healthcare facility in Windhoek, Namibia, was unable to retain professional nurses, and to describe the experiences of professional nurses regarding aspects that influence staff retention.

1.2 SIGNIFICANCE OF THE PROBLEM

The Namibian public healthcare sector provides relatively fair work compensation and benefits such as medical aid, housing allowance and housing subsidy, to their employees as compared to the private healthcare sector (Dambisya, 2007:32). Regardless of the provision of these work compensation benefits by the Namibian government, retention of professional nurses in the public healthcare sector remains a challenge (Kamati, 2014:3). This situation forced

healthcare policy-makers to sign an open-ended memorandum of understanding with the Kenyan government to allow the Namibian government to recruit nurses from that country. In addition to this, nurses from Zimbabwe and Botswana are also working in the public healthcare facilities of Namibia, but the shortage of nurse resources are far from being addressed (Kamati, 2014:3). Consequently, most public healthcare facilities are flooded with a high number of patients and some patients have to wait even longer before their healthcare needs are attended to (Miyanicwe, 2015:1).

The study findings could assist the government to make decisions based on scientific evidence regarding retention strategies that could ensure improvement in healthcare services provided to patients, as well as mentoring and clinical facilitation practices for undergraduate nursing students in their healthcare facilities.

1.3 BACKGROUND AND RATIONALE

The healthcare system of Namibia before independence was specifically demarcated according to race. The availability and provision of healthcare services was unevenly distributed due to racial discrimination (Haoses-Gorases, Jonas & Kapaama, 2014:1). After independence in 1990, the Namibian government decentralised public health care services proportionally to benefit all Namibians (Brockmeyer & Ebert-Stiftung, 2012:3; Haoses-Gorases *et al*., 2014:1). Consequently, the majority of the population now have access and can afford healthcare services at public healthcare facilities (SHOPS Project, 2012:1; Haoses-Gorases *et al*., 2014:1).

The population of Namibia is approximately two million; 15% reside in Windhoek, the capital city, and the remainder reside in smaller towns and rural settings across the country (Ministry of Health & Social Services (MoHSS), 2014:27). There are two main public hospitals, two healthcare centres and eleven clinics in Windhoek. The hospitals are Katutura Intermediate Hospital (KIH), which is a national referral hospital for general cases, and Windhoek Central Hospital, which is a national referral hospital for special cases (Kathora & Strauss, 2012:6). Besides their referral roles, they are also used as healthcare training facilities for nurses and doctors from local and international academic institutions World Health Organisation (WHO, 2010:4). Most of the time service delivery in the public healthcare facilities is deemed as ineffective or inefficient due to high number of patients coupled with a shortage of healthcare staff, in particular nurses (WHO, 2010:4; Awases, Bezuidenhoudt & Roos, 2013:1).

Nurses in Namibia are categorised as: pupil enrolled nurses, student nurses, enrolled nurses, registered midwives or accoucher, professional also called registered nurses, senior professional nurses, chief professional nurses and chief control professional nurses (Namibian Nursing Act, No 8 of 2004) (Republic of Namibia, 2004:7). All are governed by the Health Professional Council of Namibia (HPCNA) formerly known as the Nursing Council under the Nursing Act, Act No 8 of 2004. It is this Act that outlines the scope of practice for each category of nurse in Namibia. However, the scope of practice for the nursing profession may differ from country to country (RSA, 2005:6; Searle, Human & Mogotlane, 2009:179; McQuoid-Mason & Dada, 2012:199). The majority of these categories of nurses started their career in public healthcare facilities and later moved to the private healthcare sector.

In Windhoek there are also four private hospitals that attract human resources from the public healthcare facilities. These private hospitals provide services to patients or clients with medical insurance and means of cash (WHO, 2010:1). The private sector services are financially stronger than those of the public sector. The former is thus able to offer competitive salaries to their employees. During 2002 and 2005, 86% of the 121 professional nurses who resigned from the two main public sector hospitals in Windhoek joined the local private healthcare facilities (Amakali, 2013:1). The 2009-2010 financial year reported that only 53% professional nurses were employed in Namibian public healthcare facilities, and 47% in the private sector (Amakali, 2013:15). In response to the retention challenges, the Ministry of Health and Social Services (MoHSS) has been recruiting professional nurses to replace those who exited the public healthcare sector. MoHSS recruited 206 professional nurses to fill vacancies between the years 2012-2013. However, in the same period MoHSS experienced a total loss of 173 professional nurses due to deaths, retirement and resignation which accounted for this increased number (MoHSS, 2013:15). This means the net gain in terms of professional nurses for the MoHSS was only 20%, indicating that there is a need to retain nurses as recruitment alone does not cover the number of nurses who leave. Furthermore, the government was also anticipating deployment of the new graduated registered nurses with a four year bachelor's degree, offered by the University of Namibia (UNAM), as well as the enrolled nurses with a two year higher certificate obtained from the National Health Training Centre (NHTC) to address human resource needs (MoHSS, 2014:15).

Complementary to recruitment and training of professional nurses, MoHSS collaborated with UNAM to bridge enrolled nurses to become professional nurses. In addition, a ministerial project was launched to train professional nurses at three government centres country wide which have produced an enrolment of 270 students per annum since January 2014 (MoHSS, 2014:3). The private sector also contributes to the training of nurses and currently Namibia

has four training institutions that provide professional nurse human resources. The institutions are UNAM, International University of Management, Welwitchia University, and NHTC. It was envisaged that this would be essential in addressing the nursing shortage in the public healthcare sector; however, this may not stop nurses from leaving. Therefore, there is a need to address the current staff retention challenges.

Efforts to retain professional nurses at state hospitals are failing as a considerable number of them are leaving the public healthcare sector (Amakali, 2013:14). This situation has a negative impact on the quality of nursing care provided; there is an increased workload on the remaining healthcare professionals' workforce (Amakali, 2013:17). The Performance Management System (PMS) is not operational, staff appraisal systems have not been upgraded to match current standards which reward healthcare workers based on performance (WHO, 2010:1). Furthermore, the high turnover rates of professional nurses contributed to the non-attainment of some of the health-related Millennium Development Goals (MDGs) target between 1990 and 2015 in Namibia (MoHSS, 2009:1; WHO, 2010:4; Haoses-Gorases *et al*., 2014:1). The Namibian government is working on an action plan towards prosperity, the "Harambee Prosperity Plan 2016-2020" (HPP), however the continuous resignation of professional nurses reduces its chances of success. In particular, the goal to reduce child or maternal deaths (MDG4), by providing adequate numbers of healthcare professionals, cannot be attained if nurses continue to leave the public healthcare settings.

In view of the continuous poor retention of professional nurses in the public healthcare sector in Namibia, the researcher was motivated to undertake this study to explore the perceptions of professional nurses in a public healthcare facility regarding the factors which influence professional nurse retention, and to identify retention strategies that could enhance public healthcare service delivery.

1.4 PROBLEM STATEMENT

Failure to retain professional nurses in the public healthcare sector is a serious concern for public welfare. In 2003, the average number of patients per professional nurse in Namibia was 947 (Brockmeyer & Ebert-Stiftung, 2012:5). In 2013, the nurse-patient-ratio decreased to 1:704 compared to the WHO recommendations of 2.5 nurses per 1,000 (1:400) populations (WHO Namibia, 2010). This high nurse-patient-ratio posed a challenge for Namibia in its goal to attain health for all Namibians under the HPP; adequate numbers of nurses are essential for quality healthcare service delivery. Approximately 104 registered nurses who resigned from the public healthcare sector joined the private healthcare sector between the years 2004

and 2006 due to unknown reasons, further compromising the quality of care in this sector (Haoses-Gorases *et al*., 2014:2). Additional to this, there was a lack of sufficient staff to mentor and guide student nurses in the clinical facilities. With 84% of Namibians receiving their healthcare services from the public facilities, poor nurse retention has a negative impact on the health of Namibia (MoHSS, 2011:11; MoHSS, 2012:11). So, if the reasons for nurses leaving the public healthcare sector for the private are not minimised, key health indicators are likely to remain stagnant. The reasons for professional nurses leaving the public healthcare sector were not well researched and the government appeared not to have effective retention strategies for nurses. This situation is of a great concern to the government, the training institutions, and the public at large, as it influences quality patient's care, nursing and medical student training, respectively, and healthcare services management (WHO, 2010:1; Haoses-Gorases *et al*., 2014:2).

Although the factors that affect retention of professional nurses are known in other countries, further understanding regarding this study in the context Namibia is needed. Furthermore, the development of sustainable retention strategies rests on understanding what professional nurses think about the causes of poor retention challenges. Their opinions could assist MoHSS to design better retention strategies for nurses.

1.5 RESEARCH QUESTION

What are the perceptions of professional nurses regarding the factors influencing retention of professional nurses in a healthcare facility in Windhoek, Namibia.

1.6 RESEARCH AIM

The aim of the study was to explore and describe the perceptions of professional nurses regarding the factors that influence the retention of professional nurses in a public healthcare facility in Windhoek, Namibia.

1.7 RESEARCH OBJECTIVES

The objectives of the study were to explore and describe the perceptions of professional nurses regarding factors that influence professional nurses' retention in a public health care facility in Windhoek, Namibia.

1.8 RESEARCH METHODOLOGY

A brief overview of the research methodology, as applied in this study, is discussed and a detailed description is presented in chapter 3.

1.8.1 Research design

A descriptive qualitative design was used to explore and understand the perception of professional nurses regarding factors that influence the retention of professional nurses in a public healthcare facility.

1.8.2 Study setting

The study was conducted at the public healthcare facility KIH in Windhoek, Namibia.

1.8.3 Population and sampling

The target population for the study consisted of those professional nurses with a minimum of one year experience, who were working in various wards and departments and at senior management level at KIH.

A purposive sampling method was applied to select 11 professional nurses with whom in-depth individual interviews were conducted. The final sample included three professional nurses from general wards (n=2), emergency department (n=3), acute care (n=1), outpatients' department (n=1), maternity ward (n=1) and senior management (n=3).

1.8.3.1 Sampling criteria

All professional nurses and nurse managers employed by KIH, who had been in the service for at least a minimum of one year, were eligible to participate in the study. No exclusion criteria amongst professional nurses were used, as all rich experiences was deemed valuable.

1.8.4 Data collection tool: interview guide

A semi-structured interview guide, with open-ended questions and probing words, was used to conduct all interviews (see Appendix D). Interview questions were based on the objectives for this study.

1.8.5 Pilot interview

A pilot interview was conducted by the researcher with a professional nurse who met the sampling criteria to ascertain the efficiency of the interview guide and to elicit answers related to the research objectives. All data were deemed valuable thus were included as part of the raw data.

1.8.6 Trustworthiness

Trustworthiness was ensured by applying the criteria of credibility, transferability, dependability and conformability, proposed by Lincoln and Guba to this study (Brink, van der Walt & van Rensburg, 2012:127).

1.8.7 Data collection

Data were collected by the researcher who engaged the participants with individual in-depth interviews at a date, venue and time that was convenient for them. Face-to-face interviews of approximately 30 to 45 minutes were conducted using a semi-structure interview guide.

1.8.8 Data analysis

The researcher used Tesch's eight steps to guide the analysis of data (Creswell, 2014:198).

1.9 ETHICAL CONSIDERATIONS

Ethics approval to condut the study was obtained from the Health Research Ethics Committee (HREC) of Stellenbosch University (Ethics reference number: S17/05/094) (Appendix A). Thereafter, permission was obtained from the Biomedical Health Ethics Research Committee (BHERC) at MoHSS, Khomas Directorate Windhoek, Namibia (Ref 17/3/3) (Appendix B). Permission from KIH was also obtained.

Researchers are obligated to uphold and protect the human rights of their partcipants, as well as to conduct their studies in an ethical manner as highlighted at the Declaration of Helsinki in October 2008 (Brink *et al*., 2012:32). The fundamental ethics principles of right to self-determination, right to confidentiality and anonymity, and right to protection from discomfort and harm, were upheld throughout the study.

1.9.1 Right to self-determination

Participants' right to self-determination was ensured as participation in this study was voluntary. Information leaflets about the study were provided during the recruitment process. All participants were informed of their autonomous right to participate or withdraw from the study anytime without any punishment or prejudice.

1.9.2 Right to confidentiality and anonymity

Confidentiality and anonymity support participant's right to privacy of information (Brink *et al*., 2012:38). Written informed consent was personally obtained from all willing participants. Anonymity was maintained as numbers, and no names, were used for the interview data to

protect the identity of participants. The interviews were conducted in private rooms; secured conference room, participant offices and homes depending on participants' preferences. To ensure their right to privacy of information all data remain secured and protected. All audio data of the interviews were downloaded onto a laptop after each interview and deleted from the recorder. All transcripts are kept in a locked filing system and will be stored for five years. The computer on which data were captured is password protected and only accessible to the researcher and her academic supervisor. Steps were taken to disguise participants' identity by providing pseudonyms; access to all data was restricted to only the researcher and her academic supervisor.

1.9.3 Right to protection from discomfort and harm

A written explanation of the purpose and procedure for participating in the research was provided to all potential participants, including any risks and/or benefits of participation. Participants were observed for emotional distress during their respective interviews. Due to the nature of the topic there was a possibility that it might elicit uncomfortable emotions in some participants. Therefore, the participants were offered referral to MoHSS Human Resources (HR) practitioner responsible to address employee wellness and provide employee assistance, if they felt a need for the necessary emotional and psychological support.

1.10 OPERATIONAL DEFINITIONS

Definitions of terms used within the context in which they have been applied in the study are presented below.

Healthcare facility

This is an institution where healthcare services are delivered (McKenzie, Pinger & Seabert, 2016:364).

Nurse Manager

This staff member is a senior professional nurse employed by a healthcare facility, and is responsible and accountable for efficiently accomplishing the goals of an organisation. For the purpose of this study the nurse manager was responsible to oversee that healthcare units and institutions retained adequate nursing staff (Huber, 2010:363).

Perception

This is the way an individual understands or interprets a specific phenomenon (Goldstein, 2009:5).

Private healthcare facility

This is a privately owned institution where healthcare services are provided to patients/clients with medical aid and to those who can afford the service. It aims at generating profit (McKenzie *et al*., 2016:364).

Professional nurse

A person who has completed either a three or four year nursing diploma or degree, and is competent to autonomously practice nursing at the recommended level. This category of nurse is capable of assuming obligations and accountable for such practice and is registered with the regulatory body (Republic of Namibia, 2004:7; McQuoid-Mason *et al*., 2012:200). Professional nurses are also called registered nurses and herein are referred to nurses as well.

Public healthcare facility

It is a state owned institution subsidised by a government where healthcare services are provided to patients/clients free or at a low cost rate and are meant for all citizens (Singh, 2009:183).

Retention

Retention is defined as conditions in the nursing unit/department that encourage nursing personnel to remain in their working environment (Muller, 2009:314). Retention has components such as maintenance of positive labour associations, utilisation of grievance and disciplinary procedures, motivation of personnel, and promoting quality working life. It requires staff maintenance through constructive labour relations to enhance staff motivation and uphold a quality work setting (Muller, 2009:314).

1.11 DURATION OF THE STUDY

Ethics approval was obtained from Stellenbosch University, HREC on 21 June 2017. Permission MoHSS BHREC on the 20 July 2017. Institutional permission was obtained on 23 July 2017. Participants for this study were recruited from 02 August to 29 August 2017. Data analysis was carried out simultaneously with data collection, and was completed on 25 October 2017. Final thesis was submitted for examination on 1 December 2017.

1.12 CHAPTER OUTLINE

Chapter 1: Foundation of the study

This chapter provides a brief discussion on the study introduction, significance of the problem, background and rational, problem statement, research question, aim, objectives and the research methodology used.

Chapter 2: Literature review

This chapter presents the literature reviewed in relation to the research topic.

Chapter 3: Research methodology

This chapter contains a detailed description of the research methodology used in the study.

Chapter 4: Study results

This chapter presents the findings of the study**.**

Chapter 5: Discussion, conclusions and recommendations

This chapter presents a discussion of the findings of the study according to the objective of the study, conclusions are drawn, and recommendations on retention strategies are proposed.

1.13 SIGNIFICANCE OF THE STUDY

The researcher is of the opinion that the study may generate valuable information about retention which could improve both healthcare service delivery and learning facilitation of students, as well as impact retention strategies in the public healthcare sector.

1.14 SUMMARY

The significance of the problem, its background and rationale were explained in this chapter. The research problem, research question, aim, objectives and a brief overview of the research methodology, were described. Chapter 2 presents a detailed literature review of various aspects that influence the retention of professional nurses in healthcare institutions.

1.15 CONCLUSION

Various initiatives to retain professional nurses at state level are failing because professional nurses are still leaving the public healthcare sectors of Namibia (Amakali, 2013:14). In this research some of the reasons as to why nurse retention is such a major issue for the Namibian health care fraternity is presented; internal insight as to the opininions of healthcare professionals are offered. “Failure to retain professional nurses in the public health care sector may have a serious impact on effective health care provision to the population of Namibia”

(*Awases et al.,* 2013:1). It is against this background that the researcher recognised the need to understand the factors related to nursing resource retention in order to address these challenges. The recommended retention strategies may assist MoHSS to design better retention strategies for nurses, as well as ensure that these conditions do not continue to persist and further affect the Namibian heathcare system.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents a literature review that identifies and appraises most empirical resources related to issues influencing professional nurses' retention in public healthcare settings. A literature review forms a pathway where information about a researched topic is obtained in order to identify gaps between the current information about the research topic (Moule & Goodman, 2009:97; Creswell, 2014:61).

2.2 SELECTING AND REVIEWING THE LITERATURE

The search terms used in different combinations were: professional or registered nurses, human resources, nurse turnover, staff shortage, the effect of nurse retention, influencing or manipulating, leadership skills, managerial style, retention, and public healthcare facilities. Various internet search engines were used such as Science Direct, Google Scholar and PubMed.

The literature review is presented under the following headings:

- Nursing resources and the provision of care in public healthcare facilities.
- Factors affecting the retention of skilled professional nurses in public healthcare facilities.
- Nurses' perceptions regarding factors affecting retention.
- Strategies to retain professional nurses in public healthcare facilities.

2.3 NURSING RESOURCES AND THE PROVISION OF CARE IN PUBLIC HEALTH CARE FACILITIES

Nursing resources are the human capital that is universally defined as an organisation's valuable assets obtained in a strategic, prearranged manner and carefully managed to enhance quality production in a company (Muller, 2009:301). Human capital is very expensive to attain and should be managed efficiently (Muller, 2009:301; Armstrong, 2009:6). Nurses contribute to public welfare by rendering nursing care services thus they are valuable assets for public healthcare facilities (Armstrong, 2009:1; Huber, 2010:574; Amakali, 2013:27). A study conducted in the United States of America (USA), underscored that nurses perform various tasks such as rendering of nursing care, care coordination, medicine administration and unit management in hospital settings, clinics and long-term care facilities, based on their qualifications and their area of specialty (Needleman & Hassmiller, 2009:3).

A web-based survey and case study carried out in the United Kingdom (UK) highlighted that nurses are important public health assets because they disseminate health information to the public and are more reachable than any other healthcare practitioners (Nigel, 2016:4). Most primary healthcare activities, such as school health, community health education, emergency preparedness, screening and immunisations, are provided by nurses across the globe (Savage & Kub, 2009:3). However, to make public welfare a success, a nursing professional teams up with other health professionals (Armstrong, 2009:5; Savage & Kub, 2009:3). Due to these substantial roles, retaining a nursing workforce is vital to all healthcare facilities (Needleman & Hassmiller, 2009:3; Parveen, Maimani & Kassim, 2017:174).

Most patients in pubic healthcare facilities receive their first line of care from nurses before being attended by physicians (Klaas, 2007:13). Caring encapsulates the essence of the nursing profession as it refers “to love and being kind to one another” (van der Merwe, 2010:7). In contemporary nursing practice, caring has a profound subjective effect on how it is perceived by both nurses and patients in relation to satisfaction with service provided (van der Merwe, 2010:8). However, van der Merwe (2010:8) stated that nurses can only fulfil the caring needs of others, once their individual needs are accommodated through the quality of work life. Quality of work life is when an employee experiences a sense and meaning in a working environment (Muller, 2009:315). Employers should satisfy nurse practitioners by recognising their employment needs, desires and expectations. Lack of attention regarding a nursing practitioner’s needs may result in job dissatisfaction, resignations and staff shortages (Muller, 2009:315).

Shortage of nurse resources limits timely patient nursing care, sabotages mentorship programmes, and compromises healthcare services delivery (Kamati, 2014:2; Hayward, *et al.,* 2016:1). Huber (2010:573) describes nursing resources shortage as an imbalance between a nursing staff supply and a service demand. Lack of nursing resources has been a recurrent cyclic trend in the USA since the early 19th century and has affected the retention of a workforce (Huber, 2010:574). Literature review indicated that insufficient numbers of nurses in hospitals have a negative impact on healthcare service delivery (Armstrong, 2009:6; Amakali, 2013:34; Howard, 2016:1). Furthermore, lack of nursing resources can result in service disruption, task shifting, poor clinical nursing practice, occupational injury, increased workload and stress among the remaining nursing workforce (Cangelosi *et al.,* 2008:26; Coetzee, Klopper, Ellis & Aiken, 2012:6; Agrawal, *et al.,* 2012:53; Awases *et al.,* 2013:13;). Various researchers globally indicated that when there is very few nursing personnel on duty this results in an increase in patient morbidity and mortality rates and length of stay in healthcare facilities (Needleman & Hassmiller, 2009:3; Armstrong, 2009:63; Awases *et al.,*

2013:13;). In addition, insufficient nurse resources can affect patients' quality nursing care outcomes (Needleman & Hassmiller, 2009:3).

Maintaining adequate professional nurse resources in public healthcare settings increases organisational productivity, cuts costs on staff orientation and training programmes, minimises possible patient care errors, facilitates mentorship, improves nursing care and alleviates patient suffering, decreases patient mortality rates, increases job satisfaction, and decreases the stress levels amongst the nursing staff (Jones & Gates, 2007:2).

2.4 FACTORS AFFECTING THE RETENTION OF SKILLED PROFESSIONAL NURSES IN PUBLIC HEALTH CARE FACILITIES

Several researchers have analysed various factors that contribute to the retention of nurses in healthcare facilities (Huber, 2010:596). Factors contributing to nurse retention include demographic factors such as, an aging workforce, unfavourable working environment, availability of equipment and quality of infrastructures, racial discrimination of nurses during clinical practices, especially when a person is new in the environment, sexual harassment or gender workplace-related issues when one is among nurses of different genders, lack of clinical support from co-workers, recruitment policies and challenges in organisations, lack of promotional opportunities, lack of professional support and staff development, lack of professional autonomy, lack of professional recognition and social value, balance between work and total life span**,** unrealistic salary packages, performance of non-nursing tasks, stress and workload, job satisfaction, management roles or experience and ignorance are some of the identified variables that contribute to low registered nurses retention (Klaas, 2007:3; Cangelosi *et al*., 2008:31; Hays *et al*., 2009:236; Huber, 2010:580; MacKusick & Minick, 2010:337; Roos, 2012:5; Sohaba, 2013:9; Bekker *et al*., 2015: 1115–1125). The above-mentioned factors could be linked to some, but not all, categories of needs under the dimension of Herzberg's motivation-hygiene theory (Huber, 2010:201). The motivation hygiene theory was not indicated in this study.

2.4.1 Changing demographic nature of the nursing workforce

Retention of the nursing workforce is mandatory for all healthcare institutions as they play a vital role in the provision of public health (Meintjes, 2010:344; Neethling, 2013:28). Loss of registered nurses affects the long-term sustainability of healthcare institutions (Mills, Chamberlain-Salaun, Harrison, Yates & O'Shea, 2016:6). According to the World Health Organisation (WHO), building blocks for health systems is necessary to ensure that a workforce will strive to yield the best possible health outcomes (Meintjes, 2010:338).

A recent study identified that the demographic variables such as age, education, work experience, and health status, influence nurse retention in the workplace (Liu, Wu, Chou, Chen, Yang & Hsu, 2016:67). The nursing workforce is aging and it was found that many nurses will reach the age of 50 by the end of 2020 (Stroth, 2010:32). Most of the nursing workforce is baby boomers born in 1946 to 1964, as well as generation X born in 1965 to 1979. The baby boomers age group of this nursing population have either retired or are about to do so; this will decrease nurse retention in healthcare services (Silvers, 2013:67; Ayalew, Kols, Kim, Schuster, Emerson, van Roosmalen, Stekelenburg, Woldenmariam & Gibson, 2015:66). Generation X received insufficient education, yet are flexible, and believe in high achievement, self-efficiency, well paid jobs, demonstrate work loyalty, work productivity and can keep two jobs at a time (Neethling, 2013:32).

In addition to these two generations, there is another generation called millennials who were born between the early 1980s up to 2004 (Huber, 2010:583; Ayalew *et al*., 2015:66). The current dominant nursing population falls within the generation X and the millennials.

The millennials generation are a diverse cohort that has brought up in the technological era, which makes them multitaskers, innovative and flexible (Neethling, 2013:33). However, millennials are optimistic with high expectations built upon unrealistic goals. They believe in broadcasting their concerns if unattended via media communication processes instead of conforming to organisational policies (Dannar, 2013:1). According to Dannar (2013:1) millennials have short attention spans, lack fundamental manners, lack work ethics, believe in clear set up rules and a supportive environment, and in collaboration rather than competition. The nature of millennials can impact organisational values and a harmonious workplace atmosphere as well as influence their resilience and their decision either to stay or leave.

Even though many studies, regarding factors influencing retention of registered nurses have been carried out globally, not much is known about new graduates. Some studies found that their intention to leave or stay is influenced by age, different attitudes, and different goals and approaches in life (Mills *et al*., 2016:6). Young and experienced nurses have more job opportunities that motivate them to seek alternative positions.

Another phenomenon is gender diversity, which has a substantial effect in the workplace. There are more women than men in the nursing profession (Liminana-Gras, Sanchez-Lopez, Saavedra-Roman & Corbalan-Berna, 2013:135; Zamanzadeh, Valizadeh, Negarandeh, Monadi & Azadi, 2013:49). The nursing profession in the mid-nineteenth century was believed to be a female profession (Barret-Landau & Henle, 2014:10). In addition, historically the public

also perceived nursing as a job for women, which resulted in less men being motivated to enrol for studies to become professional nurses (Hays *et al*., 2009:239; Liminana-Gras *et al*., 2013:136). Most literature reveals that male nurses are discriminated by patients, colleagues, and the public, for selecting nursing as a career (Rajacich, Kane, Williston & Cameron, 2013:71; Cottingham, Erickson & Diefendorff, 2013:3; Liminana-Gras *et al*., 2013:136; Zamanzadeh *et al*., 2013:14; Barret-Landau *et al*., 2014:10).

Male nurses are reported to be prone to physical assaults in the work environment. Sometimes male nurses are forced to justify their masculinity situations which triggers them to seek legal assistance in order defend their equal rights for employment opportunities as nurses (Liminana-Gras *et al*., 2013:137; Barret-Landau *et al*., 2014:11). A study conducted in Canada found that male participants identified several factors as being reasons for them leaving the profession. These included work benefits, the nursing curriculum design which supports more women than men, clinical settings which are unwelcoming to males, lack of male role models, accusations of sexual harassment towards female colleagues or patients and exclusively designed departments (Rajacich *et al*., 2013:71). Consequently, only a few men have joined the nursing profession while others use it as a transition to reach more anticipated jobs, which then impacts nurse retention (Zamanzadeh *et al*., 2013:14). Rajacich *et al*. (2013:73) confirmed that most men join the nursing profession due to encouragement from family or friends, illness experiences, significant others in the profession and the mass media, such as television series of the nursing profession.

Traditionally, a paternalistic arrangement has been found to favour men over women in occupation-related issues such as salary payments and job promotions (Liminana-Gras *et al*., 2013:136). Equally so, male nurses are promoted faster than their female colleagues as they are easily drawn in the management and specialised areas of healthcare services. Some research however cited that promotion of male nurses is not affiliated to economic reasons but to role strain (Zamanzadeh *et al*., 2013:4). As a result of this role strain most male nurses opt to work in clinical areas such as emergency unit, intensive care unit, operating theatres, and orthopaedic clinics, as it allows them to regain their masculine nature (Zamanzadeh *et al*., 2013:4).

According to Liminana *et al.* (2013:137) the phenomenon of unequal treatment makes female nurses feel inferior and belittled before their male counterparts who gain an instant status and power. This negativity influences females to either stay or leave their current job position. Despite this gender stereotype phenomenon, recent studies have confirmed that male nurses are on the rise in the nursing profession (Zamanzadeh *et al*., 2013:9).

2.4.2 Working environment

A working environment includes physical aspects such as resources and infrastructure where nursing care of patients is provided (Sarode & Shirsath, 2014:2735). The physical environmental design, and status of infrastructure where work activities occur, plays a significant role in retaining employees.

2.4.2.1 Resources and infrastructure in working environment

Nurse retention is influenced by lack of essential materials, and poor quality of infrastructure in a working environment (Awases *et al.,* 2013:5; Liu *et al*., 2016:66). Working environment conditions play a significant role towards an employee's retention, productivity and job satisfaction (Cangelosi *et al*., 2008:31; Sarode & Shirsath, 2014:2735; Parveen *et al.,* 2016:175). Providing, and maintaining a positive working environment for nurses, produces efficient and effective nursing care, job satisfaction, and improves retention of staff (Stroth, 2010:32; Nantsupawat, Kunaviktikul, Nantsupawat, Wichaikhum, Thienthong & Poghosyan, 2017:92). A favourable healthcare environment, with proper lighting, ventilation, functional medical equipment, sufficient and appropriate pharmaceutical resources, water and restroom facilities, enhances staff retention (Meintjes**,** 2010:345; Roos, 2012:6; Sarode & Shirsath, 2014:3; Yonder-Wise, 2015:57). Furthermore, the provision of sufficient functional equipment and resources in clinical areas enhances a working environment, enables the facilitation of learning, promotes quality nursing care, motivates staff to maximise the usage of their abilities, and improves staff retention (Pillay, 2009:7).

According to Pillay (2009:7), reports confirmed that nurses working in the private healthcare sector in South Africa were more satisfied with their salary, workload, working environment, and resource availability than their colleagues in public healthcare facilities. It was found that an unfavourable working environment negatively affects employees physiologically, emotionally, cognitively and behaviourally which then leads to poor staff retention and organisational productivity (Sarode & Shirsath, 2014:2736).

Studies conducted in Bangladesh and in South Africa, highlighted that retaining healthcare professionals in rural areas is mainly affected by lack of proper housing and road infrastructures, lack of proper sanitation, insufficient equipment in the healthcare settings, lack of technological advancements, geographical allocation of healthcare facilities; these determine an employee's intention to leave or stay (Stroth, 2010:33; Sohaba, 2013:9; Darkwa, *et al*., 2015:12).

In South Africa, 43.6% of the population living in the rural areas are served by 19% of nurses; the other 81% work in urban areas (Sohaba, 2013:17; Haskins, Phakathi, Grant & Horwood, 2017:178). Despite unsatisfactory influencing factors, some participants indicated that chances of promotion are high among healthcare professionals working in rural areas compared with those working in urban areas, and this increases rural professional staff' retention (Haskins *et al*., 2017:178).

2.4.2.1 Stress and burnout in working environment

Stress is an intrinsic condition, which is developed by a person's hopes, fears, expectations and beliefs (Huber, 2010:131; Ross & Deverell, 2010:400). According to Ross *et al*. (2010:400) the manifestation of stress may differ from person to person depending on an individual's coping mechanism. A health professional's occupational related stress is determined by external demands, internal needs, values and personal coping resources (Ross & Deverell, 2010:400).

A study, conducted in Jordan amongst baccalaureate student nurses, identified sources of stress as: fear of making mistakes, lack of confidence towards nursing practice, unrealistic expectations, unfamiliar practical settings, and lack of resources (Khater, Akhu-Zaheya & Shaban, 2014:194).

Clinical settings facilitate students' learning hence theory and practice is correlated (Khater *et al*., 2014:194). Unnecessary exposure of students to clinical settings can influence their intentions to stay or leave the nursing profession. Such an exposure may have a positive or negative effect on nurse retention. Furthermore, students who lack interest in nursing results in a decrease in nurse retention (Kather *et al*., 2014:199).

When an individual is exposed to conflict, frustrations, change and pressure, their body responds in a negative mechanism mentally, physically, emotionally and behaviourally (Yonder-Wise, 2015:519). The nature of work carried out by nurses in clinical practice environments makes them victims of job-related stress (Majola, 2013:24). Klaas (2007:25) emphasises that job-related stress determines an employee's intention to stay or leave thus can affect nurse retention.

Female nurses in Spain have been found to suffer more from work-related stress than male nurses (Liminana-Gras e*t al*., 2013:142). Male nurses can be better utilised in technical areas, on night shifts, lifting of patients and harsh environments as they are perceived to handle both emotional and physical stress better than female nurses (Barrett-Landau & Henle, 2014:10).

Besides being subject to less stress, male nurses also demonstrated a high incidence of alcohol and cigarettes consumption (Liminana-Gras *et al*., 2013:142).

Yonder-Wise (2015:519) highlights that when nurses are overwhelmed with workload, complex roles, responsibilities, and recurrent staff shortages, they suffer with stress. New nurses with limited skills and knowledge find it difficult to cope with heavy workloads (Liu *et al*., 2016:66). Working overtime has a negative impact on nurses' welfare and impacts their intentions to leave. Work-related stress is secondary to an inability of physical and psychological adaptation to work tasks and activities (Liu *et al*., 2016:66). On the other hand, some studies indicate that working overtime enhances nurse retention and job satisfaction (Liu *et al*., 2016:67).

Nurses working in oncology, intensive care, and medical wards, are exposed to high death rates in patients and thus suffer from emotional and moral distress due to the burden and grief they share with patients and their family members (Majola, 2013:19). Consequently**,** the ability to provide effective quality nursing care decreases and can lead to low staff morale, nursing errors, and poor performance (Klaas, 2007:25; Stroth, 2010:33).

Results of a study conducted in the USA revealed that nurses who work in unfavourable environments tend to develop job-stress related conditions such as burnout, depression and aggression (Cangelosi *et al*., 2008:26; Botha, Gwin & Purpora, 2015:21). Aggression can further give rise to lateral violence, which can directly affect patient to nurse, family, or collegial, relationships (Edward, Ousey, Warelow & Lui, 2014:1). According to Edward *et al.* (2014:2) most nurses are exposed to traumatic experiences due to occupation-related issues which influence nurse retention. Literature reports that in the UK, New Zealand, Italy, and Germany, new graduated nurses left their nursing career to seek alternative employment due to job dissatisfaction, exhaustion and burnout (Bushell, 2013:2).

Burnout occurs when a person is physically or emotionally exhausted due to occupational or relationship related issues (Ross & Deverrel, 2010:403; Botha *et al.,* 2015:1; Nantsupawat *et al*., 2017:83). According to Botha *et al.* (2015:21) when employees have burnout, they develop negative feelings towards their job, self and others. Botha *et al*. (2015:21) states that work-related stress contributes to high nurse turnover among new graduate professional nurses.

2.4.2.2 Lack of professional support in clinical environment

Lack of clinical facilitation support and inadequate nursing staff role models affect nursing students' learning experiences (Van Graan, Williams & Koen, 2016:288). Large numbers of

student nurses intake, and placement of many nursing students in clinical environments in under-resourced environments, both hamper learning and decrease students' motivation and professional morale (Van Graan *et al*., 2016:288). Furthermore, when students are placed in clinical settings, they are used as workforce to cover understaffed units. As a result, students spend most of their time escorting and transporting patients to different diagnostic and treatment areas while missing out on experiential learning (Van Graan *et al*., 2016:288).

Findings of a study conducted in Malawi, highlighted that lack of communication and collaboration between academic and clinical staff, and unsupportive working conditions in clinical settings, delimit students' expectation of linking theory to practice (Bvumbwe, Malema & Chipeta, 2015:931). In addition, these Malawian students emphasised the importance of the need for clinical professional nurses to stay abreast with current clinical knowledge and skills, and to participate in continuous professional development (Bvumbwe *et al*., 2015:931).

Furthermore, some students reported that not only do nurses fail to carry out their teaching responsibilities, but some nurses demonstrate negative attitudes and behaviour. Such negative clinical experiences frustrate students and cause them to lose the value for the profession and this in turn increases nurse turnover. Apart from students' perceptions, clinical nurses reported that lack of clinical support towards students is influenced by nursing staff shortage, unclear roles for preceptorship among clinical facilitators, workload, high bed occupancy, lack of resources, and incivility among some nursing students (Bvumbwe *et al*., 2015:931).

2.4.2.3 Lack of professional recognition and social value in working environment

The development of nursing as a profession is based on set standards for key performance areas, which can only be attained through education for nurses (Dhai & McQuoid-Mason, 2011:59). These professional protocols and guidelines require nurses to commit themselves so that they can meet public health-care needs (Dhai & McQuoid-Mason, 2011:59; Moodley, 2015:143). Consequently, the public expects more from the nurses regarding their professional core values. According to Virginia Henderson (1978), as stated in van der Merwe (2010:5), nurses are caring professionals who provide an intimate and essential service; therefore, their nursing caring activities must demonstrate love, compassionate and understanding towards the public.

Traditionally, nursing as a profession has been viewed as a subservient profession to the medical science dominance, as depicted in movies (Hoeve, Jansen & Roodbol, 2014:2). Frequently, the media portray nurses as lacking empathy and displaying odd attitudes towards patients. Thus, further creates a negative public image and tarnishes the nursing profession (Darch, 2016:116). This experience leads to low self-concept and low self-esteem amongst nurses which further influences nurses' intention to leave the profession (Hoeve *et al*., 2014:2; Darch, 2016:115).

Over the years, the nursing profession has gone through an evolution of advancement where most nurses have achieved credible qualifications including masters and doctoral degrees (Hoeve *et al.,* 2014:2). Even though much has been attained regarding the nursing profession, public recognition is still lacking (Hoeve *et al.,* 2014:1). Poor public image and social media construction contribute to poor nurse retention as many nurses permanently leave the nursing profession (Neethling, 2013:19).

2.4.2.4 Lack of professional autonomy in working environment

Autonomy is the liberty that an individual has to make independent decisions (Roos, 2012:5; Yonder-Wise, 2015:349). The scope of nursing practice has an embedded clinical professional autonomy that allows nurses to make autonomous decisions towards patient care and the working environment (Dorgham & Al-Mahmoud, 2013:71; Seitovirta, Partanen, Vehviläinen-Julkunen & Kvist, 2014:3. Depriving professional nurses to exercise their professional autonomy by healthcare organisations decreases work productivity, contributes to job dissatisfaction, and influences staff retention (Lephalala, Ehlers & Oosthuizen*,* 2008:60; Dorgham & Al-Mahmoud, 2013:73).

2.4.3 Healthcare professionals' relationships

Negative inter-professional working relationships between nurse-physician, lack of teamwork, higher patient acuity, overcrowded wards, lack of privacy, which violates patient's dignity, and nursing patients in a hallway, are some of the identified clinical factors that frustrate nurses and affect nurse retention (Hayward *et al*., 2016:5).

Some new graduate registered nurses who left their job within two to three years of employment indicated that it was predisposed by unfriendly working conditions such as belittling confrontations, bullying, isolation and lack of clinical professional support (MacKusick & Minick*,* 2010:337; Chachula, Myrick & Yonge, 2015:1; Liu *et al*., 2016:66). Chachula *et al.*

(2015:2) state that approximately 15% of registered nurses who left the nursing profession in Canada during 2005 to 2008 were new graduates.

2.4.4 Balance between work and total life span

Balancing both work and life responsibilities for nurses is a vital component as it requires a person to give undivided attention to work and family obligation (Agosti, Andersson, Ejlertsson & Janlöv, 2015:2; Varanasi & Ahmad, 2015:61). However, this aspect may present differently in individuals as they transit from one stage of life to another stage in life.

Research findings of a study conducted in Bangladesh confirmed that most employed women play a dual role of work, rearing children, caring for elderly, family chores compared to their male counterparts (Karim, 2015:1). These multiple commitments force professional nurses to balance between work and social life, which creates work-family role conflict and limits both personal and professional development. Furthermore, if less attention is given between any of these roles it can generate discontent to employees, which affects job performance and consequently staff retention (Varanasi & Ahmad, 2015:61).

2.4.5 Staff turnover

Booyens and Bezuidenhoudt (2014:234) defines staff turnover as the number of employees leaving the employment of an organisation due to retirement, resignations, dismissals or death. Nurse staff turnover increases nursing shortage and patient dissatisfaction (Matlala & van der Westhuizen, 2012:10). According to Booyens and Bezuidenhoudt (2014:234), nurses who experience job dissatisfaction tend to resign for a better job offer, which leads to high staff turnover rates. Staff turnover is costly both to a company and the remaining staff (Huber, 2010:613; Booyens & Bezuidenhoudt, 2014:239).

The effect of staff turnover to an organisation involves loss of experiential and valuable knowledge, disrupted nursing teams and skills mix, increased costs expenditures in terms of overtime usage or temporary filling of staff vacancies, vacancy advertisement, the job interview process, new employee orientation and induction (Huber, 2010:613; Stroth, 2010:32; Booyens & Bezuidenhoudt, 2014:241; Mills *et al*., 2016:1; Nantsupawat *et al.,* 2017:92). Stroth (2010:32) states that nurses take along their knowledge when they leave an institution which affects not just the organisational work nature but also the relationship the nurse had with colleagues and patients.

2.4.6 Organisational recruitment policies and challenges

The nursing staff shortage in China is believed to be associated with the government's recruitment policies, where more doctors are being recruited than nurses. The disproportion of nursing staff distribution in hospital settings has led to nursing staff dissatisfaction and resignations (Zhu, Rodgers & Melia, 2015:2). Recruiting incompetent or unproductive nurses for public healthcare facilities creates a burden to colleagues and compromises quality patient care. The study revealed that nurses joined the Chinese nursing fraternity three decades ago (1978 to 2008) because nursing education training had no costs and these choices assisted the families of nurses to save on tertiary educational costs, become part of a competitive educational market and have job security, but not the desire to become nurses (Zhu *et al*., 2015:4).

In the Philippines, commercial exportation of nurses to international countries is a major contributor to the country's increased nurse turnover (Butaki, 2015:145). However, the strategy has been known to boost the country's home economy hence increases financial remittance and experience gained by nurses working in international environments (Butaki, 2015:145).

2.4.7 Remuneration, compensation and fringe benefits

Different studies confirmed that employees who are well compensated retain their jobs (Seitovira *et al*., 2014:2). Nurses in Finland demonstrated positive views regarding monetary rewards and other benefits (Seitovira *et al*., 2014:2). Improving compensation packages has also been implemented in some countries to enhance nurse retention (Seitovira *et al*., 2014:2).

Results of a study conducted in Bangladesh, and in South Africa, regarding the retention of healthcare professionals in rural areas found that retention is mainly affected by lack of day care facilities, lack of proper housing and road infrastructures, availability of services such as schools and recreational facilities for employees, and these factors determine employees' intention to leave or stay (Stroth, 2010:33; Sohaba, 2013:9; Darkwa, Newman, Kawkab & Chowdhury, 2015:12

Employees' salary scale that is adaptive to sustain life requirements results in job satisfaction amongst workers (Willis-Shattuck, Bidwell, Thomas, Wyness, Blaauw & Ditlopo, 2008:5). In Malawi reasons for nurses leaving public healthcare facilities have been reported to be influenced by inadequate salary and poor job satisfaction (Schmiedeknecht, Perera, Schell, Jere, Geoffroy & Rankin, 2015:86).

In some African countries, such as Ghana and South Africa, nurses are moving internally and internationally (Klaas, 2007:14). Internal nurses move from rural to urban areas while others go to other countries with more competitive salaries (Klaas, 2007:14; Sohaba, 2013:8; Haskins *et al*., 2017:1).

2.4.8 Managerial and leadership support

Managers have a duty of care and responsibility in managing and retaining the nursing workforce (Muller, 2009:95; Huber, 2010:584). Management is defined as a process where various activities or tasks are coordinated and integrated through planning, organising, directing and controlling to attain predetermined organisational goals and objectives (Muller, 2009:95; Huber, 2010:32; Booyens & Bezuidenhoudt, 2014:1). According to Muller (2009:303), efficient management of retaining personnel involves maintaining a certain number of competent staff in a unit, who, possess specific scientific skills and knowledge in order to facilitate quality of work life.

Proficient managers need to identify recurring problems in a unit, detect unusual behaviours in self and others, detect staff's needs, use critical thinking in solving problems and facilitate communication (Yonder-Wise, 2015:5; Hayward *et al*., 2016:6). Unapproachable managers who use abusive languages towards subordinates negatively influence nurse retention in healthcare environments (Hayward *et al*., 2016:6).

Inadequate managerial and clinical supportive roles, and the physical absence of managers to carry out immediate supervision in a unit, as well as failure to address staff problems, decreases staff retention (Yamaguchia, Inoue, Harada & Oikeo, 2016:56). Yamaguchia *et al.* (2016:56) highlighted that employees who receive job support and job control from their supervisors or managers embrace nurse retention. Nurses in Canada displayed dissatisfaction when their nursing care efforts go unnoticed, problems are not listened to by managers and leaders make them feel underappreciated (Rajacich *et al*., 2013:75). According to Rajacich *et al.* (2013:75) managers tend to mostly listen to government officials rather than considering nurses' opinion. Nurses want to hear positive comments from their managers or supervisors in order to increase their morale, self-confidence and self-esteem (Hayward e*t al*., 2016:6).

Staff retention is negatively influenced by: inadequate managerial and clinical supportive roles; the physical absence of managers to carry out immediate supervision in a unit; and failure to address staff problems (Yamaguchia *et al*., 2016:56). Yamaguchia *et al.* (2016:56) highlight

that employees who receive job support and job control from their supervisors or managers embrace nurse retention.

However, from a contemporary managerial perspective, quality nursing care generates more paper work hence it requires individualised patient care, monitoring and auditing the nursing care progress. As a result, some managers spend more time completing paper work than carrying out their supervisory roles.

Maintaining and retaining nursing staff require leaders to possess leadership qualities (Huber, 2010:613). Leadership is defined as a unique approach used by an individual who possesses various traits and talents, implements them while assisting others to achieve intended goals (Roussel & Swansburg, 2009:621; Huber, 2010:613; Yonder-Wise, 2015:5).

2.5 NURSES' PERCEPTIONS REGARDING FACTORS AFFECTING RETENTION

Several studies, carried out in different countries, regarding the perceptions of nurses illustrate that nurse retention is perceived to mostly be influenced by working conditions, job satisfaction, lack of professional autonomy, lack of professional and career development, salary structures, organisation policy and administration, supervision, group cohesion, achievement, recognition and responsibility (Lephalala *et al.,* 2008:60; Dorgham & Al-Mahmoud, 2013:71; Seitovirta *et al.*, 2014:1; Atefi, Abdullah, Wong & Mazlom, 2015:1; Parveen *et al.,* 2016:178;).

In England, 34% (n=32) respondents in a study indicated that they were not satisfied with the communication styles of their management;67% (n=52) respondents reported that a remuneration system is one of the variables that influences why nurses leave the public sector to work in private hospitals (Lephalala *et al.*, 2008:66). According to Lephalala *et al.* (2008:66) nurse respondents 90% (n=77) in their study were frustrated with the promotion and rewarding system. On the other hand, a study carried out in Finland, revealed that registered nurses experienced that a rewarding system can produce motivation and gratitude to stay (Seitovirta *et al*., 2014:6).

In Taiwan, interviewed new nurses responded that their intention to leave is mainly influenced by chronic fatigue (r=70, p< 001) due to health and working conditions (Liu *et al*., 2016:70). In addition, new graduated registered nurses indicated that placing nurses in wards or units where one is not interested to work can influence staff retention (Mills *et al*., 2016:1). Beside

the placement area of choice, some new graduated registered nurses recommended that allowing nurses to rotate to different departments over a period of four months can facilitate personnel growth, enhance critical thinking and environmental familiarisation, and decrease anxiety for the clinical environment (Mills *et al*., 2016:6). According to Liu *et al.* (2016:71) new graduated registered suffer more from working overtime and long working hours.

However, perceptions of professional nurses in the reviewed studies cannot be generalised as the identified variables in other countries might not have the same effect on nurses in a Namibian context. Therefore, there is a need to understand the perceptions of the professional nurses in Namibia regarding factors influencing nurse retention.

2.6 STRATEGIES TO RETAIN REGISTERED NURSES IN PUBLIC HEALTH CARE FACILITIES

Recent research studies have identified some strategies which increase professional nurse retention in public healthcare facilities. According to Parveen *et al.* (2016:175) recruitment and retention strategies must be focused at improving quality of work life in terms of job satisfaction, working conditions, reasonable remuneration, career management opportunities, occupational safety, and social life balance. Moreover, providing nursing staff with feedback, recognition, and clinical rewards, enhances job satisfaction and staff retention (Muller, Bezuidenhoudt & Jooste, 2011:299; El-Salibi, 2012:77).

Selection of suitably qualified professional nurses during a recruitment process has been found to be effective in improving nurse retention in Bangladesh (Darkwa *et al*., 2015:4). Furthermore, recruiting personnel who understand organisational cultural values also enhances staff retention (Yonder-Wise, 2015:281).

According to Yonder-Wise (2015:281), institutions should include behavioural-based interview questionnaires to determine employees' future at an institution. A job description should be set clearly, right from the beginning (Booyens & Bezuidenhoudt, 2014:245). Competent and good performers must be well maintained and rewarded to ensure job satisfaction (Hays, Kearney & Coggburn, 2009:167). However, retaining talented and experienced workforce requires positive strategic plans, commitment from an organisational human resources department, and engagement of senior managers in collaborating with the operational team through needs assessment and to identify solutions (Pynes, 2009:97).

The roles and responsibilities of managers towards nurses need to be identified and implemented (Mokoka, 2007:75). In order for managers to provide a working environment that is conducive to employees, they must perform in a supportive and minimal stress-free place (Yonder-Wise, 2015:61). Job deficiencies should be analysed and corrected as far as possible.

According to Mokoka (2007:75), a study about factors affecting nurse retention in Gauteng Province, the findings were that South African employers need to interact with nurses and appreciate their contribution to their respective companies. The usage of an Occupational Specific Dispensation (OSD) strategy in South Africa to review public servants' salaries including nurses, yielded positive retention outcomes (Khunou & Davhana-Maselesele, 2016:5). To complement OSD retention strategies, insufficient equipment and lack of human resources also need attention to solve nursing shortage related issues (Mokoka, Oosthuizen & Ehlers, 2010:1). To improve rural area job satisfaction and healthcare professional retention, institutions need to adjust remuneration and create high grade posts (Haskins, Phakathi, Grant & Horwood, 2017:181).

In East and Southern African (ESA) countries such as Angola, Zambia, Madagascar, Kenya, Malawi and Lesotho, healthcare workers are retained through various non-financial incentives strategies; for example, continuing professional development, housing, scholarship/bursaries, free food and transport (Dambisya, 2007:5). However, there are no formal monitoring mechanisms in place to assess and evaluate the effectiveness of the system (Dambisya, 2007:6).

Appointing nurses with a rural background in rural healthcare facilities can make staff stay. Other aspects such as increased incentives, improved road infrastructures, flexibility of work schedules, efficient equipment, improved living and working conditions for workers, also seemed to improved retention rates (Sullivan & Garland, 2010:245; Darkwa *et al*., 2015:5). Health organisations must create a positive working environment with equipment that functions optimally, adequate staff and resources to enhance nursing staff retention (Roussel & Swansburg, 2009:272).

Appointment of a nurse retention coordinator, who is responsible for one-on-one interviews, conducting educational sessions on team building, promoting staff wellness, handling staff grievances, and referring nurses with stress and burnout issues, was found to be effective in retaining nurses in institutions (Roussel *&* Swansburg, 2009:273). Management of staff turnover must be done by determining reasons for leaving an organisation (Booyens &

Bezuidenhoudt, 2014:244). Adequate data should be collected through exit interviews; new employees must receive individual orientation and induction to facilitate learning (Booyens & Bezuidenhoudt, 2014:244).

Various retention strategies recommended by researchers were found to be effective in combating increased staff turnover and increased retention such as: allowing staff autonomy in decision-making, involving nursing staff in organisational policy and decision-making process at all levels, holding weekly meetings with unit staff to update and discuss burning issues, flexible working hours, and liberty of staff members to transfer between units (Huber, 2010:612; Roos, 2012:12). To support new graduate nurses, managers must arrange flexible working hours and guard against overtime (Liu *et al*., 2016:6). However, nurses who work more than 40 hours per week reported high incidence of nursing errors (Armstrong, 2009:3).

Creating a therapeutic working environment with recreational facilities such as yoga, relaxation and meditation room, massage chairs, monthly counselling with social workers, and group wellness monthly meetings with other nurses, may enhance retention (Botha *et al*., 2015:3). Health professionals' human rights must be protected by allowing nurses to work at places where competencies can be exercised best; their needs should be met via adjusting available training services (Skeldon & Gent, 2007:2).

Limiting staff movement will not solve nursing staff shortage, but will instead create a room for staff exploitation and frustrations (Skeldon & Gent, 2007:1). Studies carried out in England indicated that hiring international nurses into dysfunctional healthcare organisations, while failing to retain local nurses, is never a solution to nursing staff shortage (Lephalala *et al*., 2008:60).

Changing public perceptions, regarding nursing as a substandard profession which does not require any academic qualification, should be considered (Hoeve *et al*., 2014:2). Again, nurses must take ownership of their profession by educating the public on TV, internet and all other media on what other positive sides nursing has to offer (Hoeve *et al*., 2014:6). Nursing as a profession should be promoted by nursing educators at elementary school level targeting young men to eliminate gender stereotypes and normalising nursing as a career for everyone (Rajacich *et al*., 2013:78).

2.7 SUMMARY

The literature review revealed that nurse retention in the public healthcare sector is challenged by several factors, such as working environment, demographic factors, remuneration

packages, and gender stereotypes, which delimits the provision of effective and efficient nursing care deserved by patients. As a result, most registered nurses prefer to work in the private healthcare sector than the public healthcare sector as the former is believed to have a favourable working environment. To sustain public healthcare services, most governments have adopted different strategies to test what works best in enhancing nurse retention. However, not all implemented strategies yielded positive results as the retention phenomenon has been influenced by the cyclic process of nurse turnover.

2.8 CONCLUSION

The literature review highlighted a global concern of retaining professional nurses in public healthcare facilities to promote and sustain healthcare service delivery. Chapter 3 describes the research methodology and processes followed by the researcher to explore and to describe the perceptions of professional nurses regarding factors that influence professional nurse retention in a public healthcare facility in Windhoek, Namibia.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is described as the process which involves an academic activity, whereby scientific knowledge on a particular researched topic is obtained systematically, to generate quality, reliable evidence-based information (Kothari & Garg, 2014:1). The previous chapters presented a description about the background to the study, and an extensive literature review on factors influencing retention of professional nurses in public healthcare facilities globally. Research methodology requires careful planning, organising, and perseverance, and use of various methods to analyse and interpret data (Brink *et al*., 2012:2). This chapter unpacks the research design and methods employed in this study to explore and describe the perceptions of professional nurses regarding the factors that influence the retention of professional nurses in public healthcare facilities.

3.2 AIM

The study aim was to explore and describe the perceptions of professional nurses regarding the factors that influence the retention of professional nurses in a public healthcare facility in Windhoek, Namibia.

3.3 OBJECTIVES

The objectives of the study were to explore and describe the perceptions of professional nurses regarding factors that influence professional nurse retention in a public healthcare facility in Windhoek, Namibia.

3.4 STUDY SETTING

The study was conducted at the public healthcare facility KIH in Windhoek, Namibia. KIH is one of the two main public and training hospitals in Namibia. The distance between the two hospitals is 2,5 km with about 5 to 8 minutes driving distance between hospitals. Apart from local nurses, international registered nurses from Zimbabwe, Botswana, Zambia, and Kenya, are also employed at KIH.

3.5 RESEARCH DESIGN

A research design is a blueprint of a study which stipulates how it should be conducted (Burns & Grove, 2011:49). Qualitative research design is grounded on constructive knowledge as it aims to understand multiple meanings of participants obtained in a natural paradigm (Creswell,

2014:36). In this study qualitative research design occurred in a systematic, interactive and subjective manner whereby rich information was obtained from the participants starting from an induction point of departure to a deductive conclusion (Downing, 2010:297). An exploratory approach was appropriate as the researcher endeavoured to gain insight and understanding of the retention challenges experienced by professional nurses in public clinical healthcare settings (Kothari & Garg, 2014:35; Grove, Gray & Burns, 2015:77). A descriptive approach allowed the researcher to give specific details of registered nurses' experiences, and their opinions on the factors that may influence the retention of nurses in a public healthcare setting.

3.6 POPULATION AND SAMPLING

Grove *et al.* (2015:46) define population as the entire group of people who meet set criteria and which the researcher is interested in according to the aim of a study. The target population in this study was all professional nurses and nurse managers (N=294) who were working in various clinical units and departments at the specified public healthcare facility in Windhoek, Namibia. Participants were selected based on their years of practical experience, and having worked for not less than one year in public healthcare settings Participants from all wards and departments were invited to participate in the study, however only the following were represented in the final population: general wards, emergency department, acute care unit, outpatients department, maternity ward and senior management. These were selected because of their rich experiences in providing healthcare services in KIH.

Sampling is described as a series of actions taken by a researcher to select a group of professional nurses that represents the total study population (Grove *et al.,* 2015:511). Sampling was done based on the inclusion criteria. The hospitals' managers were approached to assist in identifying professional nurses who met the set criteria. Purposive sampling is described as a non-probability sampling method in which research participants are qualified through judgement of their theoretical knowledge they possess regarding a research topic (Downing, 2010:306). Therefore, in this study purposive sampling was used where the researcher intentionally selected participants who met the selection criteria set for this study. After institutional permission was received, the researcher contacted the nursing human resources division at KIH and requested a list of all professional nurses employed at the all units and departments in the hospital. With permission from the principal registered nurses in the wards, the researcher personally approached all eligible potential participants to raise awareness of the study and request their willingness to participate. Eligible potential participants who were not on duty were contacted telephonically to inform them of the research study and invite their participation. Eleven (n=11) registered nurses where approached during

recruitment; 8 responded positively. Participants were purposefully selected to ensure diversity in gender, years of experience and age. The experiences and perceptions of the professional nurses is likely to be influenced by their gender, years of experience and age. Five nurse managers were approached and three were interested and willing to participate and share their experiences and perceptions. The study aims and objectives were thoroughly clarified individually with all potential and willing participants. Appointment dates were flexible and were set based on availability and the willingness of the selected participants.

Qualitative research permits a small research sample (Brink *et al*., 2012:145). Polit and Beck (2014:274) suggest that a sample size of 10 or less is adequate in qualitative research. Thus, in this study n=11 professional nurses at KIH working in the general wards, emergency department, acute care unit, outpatients department, maternity ward and inclusive of senior management, were interviewed. Participants were purposefully selected to participate in this study based on the size and workload of the wards and departments. Professional nurse participants represented general wards (n=2), emergency department (n=3), acute care unit (n=1), outpatients department (n=1 maternity ward (n=1) and senior management (n=3).
Senior management participants represented the general ward, operating theatre and the paediatric wards. Sample size was also determined by data saturation. It was believed that 11 in-depth interview responses might be enough to satisfy the study objectives. Data saturation was achieved after the eleventh interview as data shared of perceptions was similar and no new information was attained (Polit & Beck, 2012:521).

3.6.1 Selection criteria

All (N=294) professional nurses inclusive of nurse managers employed by KIH in Windhoek, who worked day and night shift in the selected study sites, and who had been in the public service for at least a minimum of one year, were invited to participate in the study. No exclusion criteria were used as all experiences of register nurses were deemed rich and valuable.

3.7 INTERVIEW GUIDE

A semi-structured interview guide, with three open-ended questions and probing words, was used as a research tool to elicit information during interviews. An interview guide is an instrument used to guide interview questions (Creswell, 2014:244). The study used three interview formulated guided questions based on the relevance literature reviewed. The research tool was validated by the researcher's academic supervisor (Klaas, 2007:3; Cangelosi *et al*., 2008:31; Hays *et al.,* 2009:236; Huber, 2010:580; MacKusick & Minick, 2010:337; Ross & Deverell, 2010:5; Sohaba, 2013:9; Bekker, Coetzee, Klopper, & Ellis,

2015:1115-1125). The interview guide consisted of section A and B. Section A elicited the biographical information of participants e.g. age, gender, and years of working experience; section B contained open-ended questions based on the objectives of the study. The three open-ended questions allowed participants to answer in their own words (Polit *et al*., 2014:184). Questions elicited responses and thoughts to understand staff retention, reasons for staff resigning, and suggestions of what could be done to stop nurses from leaving the public healthcare facilities. Probing words were used. They allowed the researcher to probe or search for deeper meanings to increase richness (*Jooste, 2010:288*). They assisted the researcher in understanding the participants' perceptions of reflection and clarifying their experiences of aspects that affect the retention of registered nurses at KIH.

3.8 PILOT INTERVIEW

A pilot interview is a small portion of an interview carried out by a researcher taken from a representation of a study sample preceding a main interview in order to refine the interview process, determine time frames, and identify flaws in the questions of the interview guide (Grove *et al.,* 2015:509). The first positive responder was a registered nurse from the acute care unit. The acute care unit provides care for wide variety of health care conditions, and requires specialised skills and close monitoring of patients' conditions. These participants met all the requirements and was thus deemed appropriate to utilise for the pilot interview. A pilot interview was conducted two days prior to the main interview using the interview guide on one participant from KIH who met the selection criteria. A private setting was selected, and the interview was conducted on a date and scheduled time that was convenient for the participant. The study aim and objectives were again explained to the participant; consent was read and signed prior to the start of the pilot interview, which was audio-recorded. Anticipated possible errors and adjustments obtained from the pilot interview generated the need for adjustments to the interview guide including questionnaire refinement. Interview time management and effective interview probing questions were identified and amended. The rest of the interview appeared suitably designed as it elicited valuable information to address the study objectives.

All data collected in qualitative research are rich in content and valuable to a researcher. The pilot interview data were therefore included as part of the raw data. The pilot interview thus strengthened the main study (Burns & Grove, 2011:49).

3.9 TRUSTWORTHINESS

Trustworthiness is defined as the processes used in qualitative research studies to establish a study's strength (Grove *et al*., 2015:513). To ensure trustworthiness, the researcher ensured

that the study was focused and of high quality. De Vos, Strydom, Fouché & Delport (2011:420), state that the trustworthiness of the study will be increased by applying the constructs as identified by Lincoln and Guba (1985). All four components of Lincoln and Guba (1985), namely credibility, transferability, dependability, and confirmability, were applied.

3.9.1 Credibility

Credibility implies the confidence a reader develops regarding study findings as to whether they can be trusted (Klopper & Knobloch, 2010:319; Brink *et al.,* 2012:127; Grove *et al*., 2015:392). Credibility in this study was obtained through prolonged engagement as the researcher spent four weeks in the field seeking in-depth interviews from participants that included persistent observations where data were carefully scrutinised for research topic relevance. Triangulation was applied where participants were asked probing questions generated from an interview guide, while member checking, in a summary form during each interview, was done with participants by reflecting back the recorded data to verify data accuracy. Participants' experiences and opinions were considered over the researchers' preconceived opinions through member's theory. Furthermore, verbatim transcriptions of audio-taped data were done. These were checked by the researcher's academic supervisor to verify researched interpretations of the participants (Klopper & Knobloch, 2010:319 2010:319; Grove *et al*., 2015:392).

3.9.2 Transferability

Transferability refers to how best collected data can be generalised to other contexts (Klopper & Knobloch, 2010:329; Brink, *et al.,* 2012:128). In qualitative data, transferability is determined by the quality and detailed description of information obtained to produce data saturation and reach inductive generalisations. A purposive sampling method was used. Eleven experienced participants were selected to provide rich, thick description context data about the topic, which were relevant to meet the study objectives.

3.9.3 Dependability

Dependability is defined as a process of determining the stability of collected data over a time (Grove *et al.,* 2015:392). Collected raw data were coded, documented and audited by the researcher to verify that the study findings were consistent over a time (Klopper & Knobloch, 2010:322; Brink *et al*., 2012:173; Grove *et al*., 2015:392). All audio-recorded data were immediately downloaded onto a laptop after each in-depth interview. A professional transcriber verified that collected audio-recorded raw data during interviews were consistent.

Emerged themes and sub-themes were checked for legitimacy with the researcher and her academic supervisor.

3.9.4 Confirmability

Confirmability is described as the extent as to which the findings of the study corresponds with the data (Brink, 2011:119). Assurance of confirmability was applied through verbatim transcription of the data, supporting the findings with direct quotation from the data and the supervisor verified the data.

3.10 DATA COLLECTION

Face-to-face interviews were conducted at KIH by the researcher from 2 to 25 August 2017. A quiet, relaxed atmosphere and private space, with no disruptions during the interview, is recommended for generating qualitative data (Holloway & Wheeler, 2010:89).

Data were collected by the researcher who had received training on how to conduct interviews during her academic course, followed by additional practice training sessions by the supervisor involved in the study. The three nurse managers preferred to be interviewed in their offices. Five professional nurses were interviewed in the KIH conference room since they were comfortable with the venue. A 'silence please' notice was displayed to avoid interruptions during interviews. Four participants preferred to be interviewed at their residential homes to ensure privacy. Their interviews were held during their days off from work. Detailed information was provided to all participants prior to them signing consent forms, and before commencement of each interview. Participants were reminded of their right to withdraw from the interview at any time. The purpose of the study, why they were chosen to participate in the study, their responsibilities before engaging in the interview, the benefit-risk factors involved in the study, and how collected data would be handled and stored, were all explained (Grove *et al*., 2015:88).

Interview time frames ranged from 30 to 45 minutes. All interviews were conducted in English. There was no need for the services of an interpreter because all indicated that they were comfortable and able to express themselves in the English language. During every interview session, the researcher used probing words to extract more information from the participants, while reflection and a detailed summary about the discussion were highlighted for clarity. Fresh drinking water was offered during the interview to make participants feel at ease. In addition, all participants were offered refreshments and snacks after their interviews as a token of appreciation.

All interview data were audio-recorded and downloaded onto a password protected laptop immediately after each interview. No personal identification information was captured. Electronic data files were given codes for verification during data analyses. Thereafter, raw data were given to a professional transcriber for verbatim transcription.

3.11 DATA ANAYLSIS

According to Minnaar (2010:314) data analysis happens concurrently with data collection; a systematic approach goes hand in hand during analysing of data. The researcher chose Tesch's eight steps for data analysis (Creswell, 2014:197-199). Transcribed verbatim raw data were read and reread, reviewed by the researcher, and organised into categories to reach meaningful themes and sub-themes. The process occurred as follows:

- The researcher immersed herself in the data, by carefully listening to the recordings while reading and re-reading the transcripts.
- To get a general feel for the data, the underlying meanings of the collected data were identified. At the same time, the researcher jotted down her thoughts in the margin to get an overall impression of the content.
- After doing this for several documents general codes where identified. The researcher marked a list of all topics, clustered similar topics, and formed them into columns that might be grouped as major topics, unique topics, and remnants.
- Returning to the data, the topics were abbreviated by the researcher as codes, and these were written next to the corresponding segments in the data. This meant trying out the preliminary organisation of data to check for emerging trends, categories and codes. At this stage the researcher found herself so deeply immerse in the data that she struggled to formulate themes.
- The researcher, with the assistance of her academic supervisor, found the most descriptive wording for the topics and turned them into categories. During this process the total list of categories was reduced by grouping topics that related to each other. Lines were drawn between the categories to show interrelatedness of the topics.
- The researcher made a final decision on the abbreviations and alphabetical order of these codes.
- The data material belonging to each category was aligned or themed together, and a preliminary analysis was performed.
- Recoding data was not necessary at this stage.

Themes were identified from the emerging patterns within the data set. Themes indicate levels of patterned responses. The researcher worked closely with her supervisor to verify and confirm the various themes and sub-themes as being an accurate representation of the transcriptions. Qualitative researchers set aside preconceived knowledge about a research topic and concentrate on participants' collected data (Creswell, 2014:234). Some direct quotes extracted from the transcriptions were contained within the narrative to represent the full meaning of the themes of the analysis.

3.12 SUMMARY

This chapter presented a general overview of the research methodology applied to the study. Research design, population, sampling, interview guide, pilot study, trustworthiness, and the data collection process, were explained.

A qualitative descriptive research design was used to explore the experiences and perceptions of professional nurses regarding the factors that influence professional nurse retention in a public healthcare facility in Windhoek, Namibia. Professional nurses and nurse managers were purposefully selected to share their experiences with respect to why professional nurses decide to leave or stay at a public healthcare facility.

Individual in-depth interviews were conducted to explore, and understand the perceptions and experiences of professional nurses on factors influencing retention of nurses at public healthcare facilities. Tesch's eight steps in data analysis were used to formulate and code the themes and sub-themes that emerged from the interviews.

3.13 CONCLUSION

The research design methodology, and the data collection process used to meet the aim and objectives for this study, was discussed. The findings presented in themes and sub-themes, which emerged from the in-depth individual interviews, are discussed in the next chapter.

CHAPTER 4
FINDINGS

4.1 INTRODUCTION

This chapter presents the study findings of 11 in-depth interviews done to explore and understand the perceptions of professional nurses regarding the factors that influence the retention of professional nurses in public healthcare facilities. The findings of section A and B of the research tool are presented below. Section A presents the biographical data of participants. Section B describes the themes and sub-themes that emerged during the data analysis process.

4.2 SECTION A: BIOGRAPHICAL DATA

A total of eleven (n=11) professional nurses were interviewed by the researcher. All participants were permanently employed at the study site, namely KIH. Three participants were doing night shift and eight where on day shift during the period of data collection.
Table 4.1 depict the biographical data of research participants.

Participants were asked about their demographic details (age, gender, positions held at institution, years of service at the institution) and their intention to retain employment at the institution. Most participants were females and this was not unusual since women dominate the nursing profession. Two participants were females aged 25 and 26 years. They each had four years working experience and intended to stay if the service improves. One female participant was 38 years old with five years working experience; she intended to leave the public healthcare facility. The only male participant was 42 years old. He held the position of registered nurse with five years' work experience and had no intention of leaving the institution. The oldest participant was a female aged 56 years. She too had no intention of leaving KIH since she was close to retirement age. Two participants, aged between 45 and 48 years, with five to twenty years working experience, also did not intend to leave the service due to their commitment of serving the public. The three nurse managers' ages ranged from 49 to 56 years. They had served in public health-care facilities for as long as 33 years. They too were close to retirement and had no intentions of leaving the service.

Table 4.1: Biographical data of research participants

Participant	Age	Gender	Position held at KIH	Years of experience	Ward or Department
1 – Pilot interview	25	F	Professional Nurse (PRN)	4 years	Acute care unit
2	26	F	PRN	5 years	emergency department
3	38	F	PRN	5 years	emergency department
4	42	M	PRN	5 years	outpatient department
5	45	F	PRN	15 years	emergency department
6	46	F	PRN	20 years	maternity ward
7	48	F	PRN	20 years	general ward
8	49	F	Nurse manager	25 years	general ward
9	50	F	Nurse manager	30 years	operation theatre
10	56	F	PRN	25 years	general ward
11	56	F	Nurse manager	33 years	paediatric wards

4.3 SECTION B: THEMES AND SUB-THEMES

The major themes that emerged were: adequate and fair compensation, safe and healthy working environments, opportunity to utilise and development human capacities, management and leadership styles. Sub-themes that emerged from these themes are reflected in Table 4.2. Verbatim comments are presented in italics in the below discussion of the findings.

Table 4.2: Themes and sub-themes

Theme	Sub-themes
Adequate and fair compensation	• Remuneration packages • Additional allowances
Safe and healthy working environments	• Physical working environments • Psychological working environments
Opportunity to utilise and development human capacities	• Career development • Career development practices
Management and leadership styles	• Staff management • Patient care management • Shared-governance-leadership

4.3.1 Theme 1: Adequate and fair compensation

Adequate and fair salaries with additional fringe benefits were considered by participants as aspects that could enable employees to maintain an acceptable standard of living, while working at the healthcare facility, and also in caring and providing for their families and dependents.

4.3.1.1 Sub-theme 1: Remuneration packages

Registered nurses experienced their remuneration packages as inadequate. They reported low salaries as one of the main aspects that influence registered nurses' decisions to leave public healthcare facilities. They indicated that private healthcare facilities offered lucrative remuneration packages. This was evident in statements by some participants who described private sector as being 'greener pastures.'

> "…registered nurses are also looking for greener pastures they want to be paid well for the job that they are doing…that's also pushing factor for the nurses to leave" (Participant 1).

> "…those who are in the private sector already are telling others, the people are getting a lot of money, more than these one here in the state hospitals" (Participant 4).

Not all participants held this viewpoint as evident in the following statement.

> "I am very much satisfied with the salary I am receiving in the state…" (Participant 10).

This participant had 20 years' service with KIH and was satisfied with her remuneration packages.

4.3.1.2 Sub-theme 2: Additional allowances

Provision of additional allowances was another factor that registered nurses at KIH experienced as having an impact of the retention of registered nurses. For some decreased overtime allowance contributed to many registered nurses' decision to leave or to stay at KIH. Registered nurse participants indicated that the opportunity for working overtime was a motivating factor for some nurses to remain in the public healthcare sector.

> "… we use to work normal overtime, but now you only get to work once per month and salary alone is not enough for us..." (Participant 5).

Furthermore, those who worked in busy places felt that they need additional allowances on top of their salaries. Participants indicated that private hospitals remunerate their staff with 'danger pay' which could impact their current remunerations positively.

> "…one reason is this danger allowance in private health care facilities, if you are working in casualty, head injury or ICU, but in the state there is nothing..." (Participant 3).

Provision of a uniform allowance was another opportunity for healthcare institutions to support their staff. However, participants expressed dismay with their healthcare facility for not paying uniform allowances.

> "Again the state hospitals does not provide us with a uniform, but they want us to put on a full uniform" (Participant 3).

Most participants expressed the above experiences regarding wages and allowance packages. This thus highlights that registered nurses were dissatisfied with their remuneration at public healthcare facilities. Participants suggested that improving nurses' salary by additional allowances, increasing overtime pay, introducing danger pay and uniform allowances, could improve nurse retention in public healthcare facilities.

4.3.2 Theme 2: Safe and healthy working environments

A safe and healthy working environment permeates in the physical and psychological safety for employees. Lack of a physical safe working environment often times results in psychological discomfort, stress and discontent staff members.

4.3.2.1 Sub-theme 1: Physical working environment

Physical working environments that are conducive to quality patient care result in job satisfaction for employees. Dysfunctional medical equipment and insufficient resources in a physical environment lead to fear, anxiety, stress and frustration among the healthcare team members, and subsequently results in compromised nursing care and healthcare practices. In this study registered nurses expressed that when they are faced with the reality of inadequate and dysfunctional equipment they become discouraged and displeased towards their nursing duties.

> "…department is not so well equipped with the equipment that we are supposed to be using and sometimes the patient is bleeding, but there are no stitch packs or materials to stop the bleeding…" (Participant 2).

> "…clinical supplies, the pharmaceutical supplies, you don't have time to give really quality care to this patient…" (Participant 6).

Inadequate clinical supplies and limited medical equipment also affected nursing care and restricted proficiency of total patient care. Furthermore, it increased the length of hospital stay for patients thus adding to the workload of staff. Participants indicated that sometimes patients' operations were rescheduled to another week or month.

> "...If the list of Friday was cancelled then by Monday they will reschedule this patient again on the list of Monday…" (Nurse Manager Participant 8).

In addition, participants raised negative perceptions regarding physical working environment in the public healthcare sector. Some reported that working environments were non-conducive to quality patient care practices.

> "…they don't have privacy what we do is, we use to put a curtain and made our curtain self, but all the time they are only lying in the corridor" (Participant 5).

Safety of staff was identified as another contributing factor to the negativity around their work environment. Participants viewed the workplace as unsafe due to violence and harassment incidences they experience in their working environment.

> "Patients and relatives they are all assaulting us if they came in intoxicated. There are a lot of incidences of doctors and nurses who were assaulted while on duty in our department" (Participant 3).

4.3.2.2 Sub-theme 2: Psychological working environment

Inadequate physical working environments influence the psychological working environments for staff and patients. Most participants verbalised their stressful and unsafe working environments when physical equipment was lacking or faulty.

> "If there's no stock we have to make plan B, but it's stressful" (Participant 3).

> "…so you have to keep on venting, bagging that patient because ventilator gave in until you wake the patient up when the surgeon is finished with their procedure" (Nurse Manager Participant 8).

Based on these expressions it was clear those inadequate clinical supplies, and dysfunctional medical equipment, negatively affects retention of registered nurses in the public healthcare facilities. These negative aspects in their working environment consumed time, caused anxiety, stress, frustrations and low morale, thus can influence their decision to leave or stay.

To remedy these problems, participants recommended renovation of some old departments at KIH, as well as provision of quality and adequate functioning equipment and resources.

Professional relationships in the workplace were identified as another environmental contributing factor which influences registered nurses to make a decision either to stay or leave. A negative working relationship among health professionals was reported as being related to attitudes and behaviours.

> "...for some doctors it's more of let me say there is no relationship they are doctors and we are the nurses" (Participant 1).

4.3.3 Theme 3: opportunity to utilize and develop human capacities

Human capacity development requires formal actions by healthcare facilities in order to ensure that employees, with appropriate qualifications and experience, were available to ensure quality healthcare services.

4.3.3.1 Sub-theme 1: Career development

Career development of staff results in employees' job satisfaction and has a positive impact on staff retention. Participants indicated that the application of restrictive measures towards career and professional development among nurses adversely influenced nurse retention. They shared their awareness that the hospital system preferred more senior enrolled nurses, as a first option, to be enrolled in a bridging course in order to become registered nurses. This approach caused junior nurses to opt to resign in order to pursue options to further their studies and career developments.

> "The two resigned they've just have been here for a year, they go to study medicine" (Nurse Manager Participant 8).

> "...when you worked for two years that was guaranteed to you that when you want to go for study, supposed to apply for a study leave, but it was not approved. That's why I even resigned to go study in the first place and I think we were four among that group" (Participant 9).

Some participants stated that nurse retention was further impeded by young registered nurses who leave the profession for career diversion. They indicated that young nurses were leaving the nursing profession to go study medicine.

> "Most of them (new qualified registered nurses) that I know are leaving to study medicine…" (Participant 1).

4.3.3.2 Sub-theme 2: Career development practices

It was mentioned that institutional policies, regarding career development, was biased as it was based on favouritism. Promises regarding training were not adhered to hence; this influenced young nurses to resign prior to a scheduled time. It was expressed by some participants that there was unfair treatment regarding personal development. Participants concluded that transparency regarding personal and career development must be applied to all nurses regardless of their age and years of service.

> "…the system of the hospital is that, taking the older people who have been in the profession for long time but now the junior ones they don't have that free chance to go further their studies you know doing the bridging course. Therefore, this is like forcing them to resign" (Nurse Manager Participant 7).

4.3.4 Theme 4: Management and leadership styles

Management and leadership styles practiced at healthcare institutions impact on workplace satisfaction for all staff members. Often management and leadership styles displayed by those in supervisory capacities do not always match or align with corporate decisions held by health care institutions. Participants raised discontentment regarding the inefficient and ineffective strategies of both management and leadership styles by some managers and leaders at KIH thus jeopardising quality nursing practices.

4.3.4.1 Sub-theme 1: Staff management

An effective staff management system is essential to job satisfaction and the provision of quality nursing care. Participants presented their awareness of staff being overworked most of the time due to staff shortages which subsequently resulted in stress for registered nurses.

> "Again, the second factor is workload, especially in my department the professional nurses are really being overworked…" (Nurse Manager Participant 2).

> "…but those ones who are in state hospitals with the shortage of staff they are working under pressure and stress" (Participant 4).

Workload was further exacerbated in situations where already understaffed nurses perform healthcare duties of other health professionals. For example, carrying out extra work on top of their own assigned tasks, lack of support and follow up by management as well as lack of leadership support in problem-solving. As a result of the extra workload, timely patient nursing care was compromised leading once again to poor quality nursing care.

> "…let me say I have already started in room one, when new admission come I'm already in room five. It is costing me to go back to room one and put up the new admissions' drip...they send the patients without not putting up the drip" (Participant 5).

Some participants emphasised that lack of management support among some supervisors and the managerial staff negatively affected nurse retention. It was reported by participants, that in most cases, managers tend to ignore complaints raised by registered nurses or sometimes they take time to tend to them.

> "…the doctor was beaten up by the patient there was no security there was no police officer… it happened, so what the supervisors usually ask to write an incident report but as a department we have written more than three or four reports already but nothing is being done…" (Participant 2).

> "They are not doing anything (management) because I remember I was also bitten one of my finger they didn't do anything, you just write the incident" (Participant 4).

> "…I don't know whether my problem is solved or I'm solving my problem, because you can complain about a specific issue to your immediate supervisor but you will end up solving the problem yourself" (Nurse Manager Participant 8).

It was highlighted by participants that management support was insufficient in the public healthcare facilities. Participants felt that nurses' concerns need to be attended to, and that solutions must be found to enhance nurse retention.

Contrary to this experience, nurse managers in this study expressed their awareness of heavy workload on staff, and the impact it had on job satisfaction as well as its psychological effects on staff morale.

> "You do not have time so this is now just touch and go touch and go, which is really not putting most of the staff, now are really complaining they don't have that satisfaction of taking care of the patients. When they go home, they are going on with that guilty feeling" (Nurse Manager, Participant 6).

> "The other point that I observed is the hospital or the institutions is like overcrowded, so these are higher workload which the staff cannot take comparing to like private sectors" (Nurse Manager, Participant 7).

Besides the workload experienced by the nurses, nurse managers indicated that they too were faced with heavy workloads thus preventing them from holding regular meetings.

> "…we used to meet like twice in a week, but may be due to workload at the moment we are only meeting once in a week" (Nurse Manager Participant 7).

4.3.4.2 Sub-theme 2: Patient care management

In this study participants expressed that they experienced shortage of staff and the realities of overcrowded units that resulted in heavy workloads for staff. Participants observed that these heavy workloads were intensified by high patient ratios in most departments and this influenced patient having to be cared for in non-private spaces such as hallways.

> "…the second factor is workload, especially in my department the professional nurses are really being overworked than expected…" (Nurse Manager Participant 2).

> "…you are only three in the afternoon and it's a lot of people to come in admissions, you do discharges, with this stress and pressure the people are leaving and the more they leave, the more the shortage of staff is coming…" (Participant 4).

> "The work is a lot with three staff. It's a challenge that's why some nurses are going, they are leaving the state because of overwork" (Participant 5).

One nurse manager highlighted that when some wards were overcrowded staff was redeployed from other wards with a minimum number of patients, or extra nurses were booked to work overtime.

Participants suggested that working conditions could be improved by recruiting more nurses to control staff shortage for the betterment of nurse-patient-ratios and to minimise workloads.

4.3.4.3 Sub-theme 3: Shared governance leadership

Nurse Managers should practice shared responsibilities and governance leadership. One participant reported that nurse managers were unsympathetic in high stress environments when registered nurses identified the need for support and shared responsibility of mentoring and developing novice staff in nursing care environments.

> "…it's a challenge because as now you a registered nurse there you will end up teaching the person because she is new in that field, she don't know it's for the first time to come in Namibia. When you ask the supervisor is telling you, just teach the person, it's only what they're answering us" (Participant 4).

Some participants expressed negative emotions that they were not valued for the work they were performing. They were not involved in decision-making processes on the matters affecting patient care. Most participants indicated that lack of registered nurses involvement in decision-making processes affected nurse retention negatively. Furthermore, that the top-down approach to leadership was not conducive to a quality healthcare environment, and did not harvest registered nurse retention at healthcare facilities.

> "Based on my experience some managers are lacking shared participative decision-making strategies. Plans, changes and decisions are often made without operational professional nurses being consulted. Instead nurses are only instructed to implement orders which makes one to feel lacking professional autonomous. As a result, it creates a negative nursing care environment so I feel like it's not really good and wouldn't want to work in such conditions." (Participant 1).

4.4 SUMMARY

This chapter presented the findings expressed by participants on factors that influence retention of professional nurses in public a healthcare facility. Eleven permanent employed nurses were interviewed. Four themes that emerged from the interviews were: adequate and fair compensation, safe and healthy working environment, opportunity to utilise development capacities, and managerial and leadership styles.

4.5 CONCLUSION

Most participants revealed that public health-care facilities provide low salaries and do not provide allowances. They were of the opinion that nurses faced heavy workloads, an increased patient ratio, inadequate medical equipment and staff shortage in comparison to private healthcare facilities. Furthermore, they indicated there are limited opportunities regarding career development, and that some managers lack clinical support towards employees and this then results in many nurses resigning to either work in private healthcare facilities or to further their studies. In the next chapter the themes and sub-themes are discussed, conclusions are made, and recommendations are presented to improve registered nurse retention at public healthcare facilities.

CHAPTER 5
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The preceding chapter provided the findings on factors influencing registered nurse retention in public healthcare facilities in terms of the themes and sub-themes that emerged from data analysis. This chapter covers discussions, draws conclusions, and proposes recommendations generated from the study.

5.2 DISCUSSIONS

The study's aim was to explore the perceptions of professional nurses regarding factors influencing retention of professional nurses in the public healthcare sector, in Windhoek, Namibia. In response to the study objectives, the follow factors are discussed according to the identified themes.

The results obtained indicated that the most influential factors among registered nurse retention in the public healthcare facilities were adequate and fair compensation, safe and healthy working environments, opportunity to utilise and develop human capacities, and management and leadership styles. The findings of these study findings are discussed in terms of the literature.

This study is in accord with that of a study done in Namibia, by Kamati (2014:2). The latter found that registered nurses at national referral hospitals were overwhelmed regarding job dissatisfaction due to lack of managerial or leadership support, lack of performance recognition, lack of incentives, poor salaries, lack of resourced facilities, high nurse-patient ratio, task shifting and increased workload. The themes that emerged from the collect data in this study are germane in terms of the *Quality of Work Life* (QWL) concept of Richard Walton, as stated in Booyens and Bezuidenhoudt (2014:463). He is of the opinion that human beings become part of an industrial organisation in order to meet their economic, social and psychological needs. QWL is defined as a system where employers value their employees' humanistic existence and contributions to organisations. He suggested that embedding these needs in organisational activities makes employees feel appreciated and valued for their effort and increases their self-esteem. Failure to meet the stated needs by employers towards employees creates job dissatisfaction, low work morale, and an increased employee turnover (Booyens & Bezuidenhoudt, 2014:463).

5.2.1 Adequate and fair compensation

Adequate and fair compensation is a remuneration system that is used by organisations to compensate employees based on the nature of the work required and performed, the degree of skills needed, the level of qualification and the nature of employers' service demand (Muller *et al.*, 2011:297; Booyens & Bezuidenhoudt, 2014:463). Adequate compensation and fringe benefits (paragraph 2.4.7) should enable nursing staff to uphold a satisfactory standard of living while being employed at the healthcare institution under study (Muller *et al*., 2011:297; Booyens & Bezuidenhoudt, 2014:463). However, most participants in this study expressed unhappiness with their current remuneration packages (paragraph 4.3.1.1) in the public health-care facilities, and were of the opinion that this hinders professional nurses' clinical performance and affects their standard of living. As evident in the literature, healthcare workers in different countries, and in various healthcare environments, hold an opinion that inadequate compensation impacts their decisions to leave or stay in their employment (Awases *et al*., 2013:4; Seitovira *et al.,* 2014:2; Schmiedeknecht *et al*., 2015:86). In addition to inadequate salaries, participants felt that lack of certain allowances such as reduced overtime, lack of uniform allowance and unavailability of danger pay allowances for working in high risk places such as ICU, acute care, and casualty (paragraph 4.3.2.1) negatively influence nurse retention. Some studies (paragraph 2.4.2.2) indicated that working overtime enhances retention of nurses and increases job satisfaction (Liu *et al.*, 2016:67).

Findings in the current study are consistent with previous research results that indicate that a remuneration system is one of the variables that contributes to nurses experiencing job dissatisfaction and affects their performance in public healthcare facilities (Muller, 2009:315; Awases *et al*., 2013:4; Kamati, 2014:2). However, remuneration scales that are adaptive lead to job satisfaction for workers (Willis-Shattuck *et al*., 2008:5). As found in this study professional nurses were dissatisfied with the remuneration system in the public healthcare facility. Not all participants shared the same opinion as one participant (paragraph 4.3.1.1) was satisfied with the remuneration packages at KIH by stating: "I am very much satisfied with the salary I am receiving in the state…" The public healthcare sector was found to provide relatively fair work benefits, such as medical aid, a housing allowance and subsidy, as compared to the private healthcare sector (Dambisya, 2007:32). Despite all the benefits made available to healthcare workers by the government, the retention strategies remain a challenge as the nursing shortage still exist (Amakali, 2013:14; WHO Namibia, 2016:1).

5.2.2 Safe and healthy working environments

A physical safe and psychologically healthy working environment is essential to the provisions of quality nursing care (, 2010:345; Roos, 2012:6; Sarode *et al*., 2014:3; Yonder-Wise, 2015:57). A working environment and conditions influenced employees' decisions to leave of stay at a healthcare facility (paragraph 2.4.2.1). Registered nurse participants in this study shared various experiences of physical (paragraph 4.3.2.1) and psychological (paragraph 4.3.2.2) discomfort in their working environment. Availability of resources and equipment in a working environment promotes and enables healthcare professionals to function and provide optimal healthcare services (Stroth, 2010:32; Jooste 2010:345; Roos, 2012:6; Yonder-Wise, 2015:57; Nantsupawat *et al*., 2016:92;). However, professional nurses in this study expressed negative feelings in terms of being expected to provide healthcare services even with lack of resources and non-functional equipment (paragraph 4.3.2.1). They were conscious that healthcare was impeded, yet they had no solutions as the healthcare authorities were aware of the lack of consumables and stock and also did address the shortcomings. These unsafe working environments permeated into a stressful working environment for professional nurses at KIH. Ross and Deverell (2010:400) maintain that stress and eventual burnout is perpetuated by continuous exposure to occupational-related stress.

In addition to this, working environments that create constant psychological stress and emotional discomfort (paragraph 2.4.2.2) were some of the factors that influence the retention of staff in healthcare facilities. Nurses and other healthcare workers are often victims of job-related stress and even violence at the workplace (Klaas, 2007:25; Majola, 2013:24; Majola, 2013:24; Barret-Landau *et al*., 2014:10; Liminana-Gras *et al*., 2014:142). Participants shared that they experienced violence from patients and their relative (paragraph 4.3.2.1). The following verbatim statements underscore these concerns: "Patients and relatives they are all assaulting us if they came in intoxicated. There are a lot of incidences of doctors and nurses who were assaulted while on duty in our department" (Participant 3).

Some of the participants in the study were in fact considering leaving the public sector; others did confirm that they would leave KIH if working conditions do not improve (paragraph 4.3.2). Even though there were mixed feelings among the participants regarding their intentions to leave or stay at KIH because of challenges in their working environment, some decisions were influenced by the age of the participants, and their tolerance for their poor working conditions. Mills *et al*. (2016:6) found that registered nurses' intention to leave or stay is influenced by age, different attitudes, different goals and different approaches in life. New graduate and younger professional nurses have indicated reasons for leaving their employment was due to

unfriendly working environments (MacKusick & Minick, 2010:337; Chachula *et al*., 2015:1; Liu *et al*., 2016:66).

To achieve healthy working relationship amongst colleagues and team members requires their tolerance of ill-equipped working environments (Bvumbe *et al.,* 2015:931; Van Graan *et al.,* 2015:288). However, participants in this study acknowledged severed relationships amongst their team members (paragraph 4.3.2.2) and could ascribe this as being another factor that may influence professional nurse retention at KIH. Hayward *et al*. (2016:3) found that nurses-physician relationships affect nurse retention in healthcare facilities.

5.2.3 Opportunity to utilise and develop human capacities

Career opportunities signify progress and quality in employees' work life (Booyens & Bezuidenhoudt, 2014:267). An opportunity to utilise and develop human capacities is displayed when employees are allowed to make autonomous plans and decisions regarding their work and career development. However, it is the responsibility of individual employees to identify gaps in their abilities and seek opportunities for career development (Muller *et al*., 2011: 303). In this study professional nurse participants shared their respective experiences in terms of them having indicating to their employer their strong desire to develop their careers. They were however disappointed that institutional practice took preference above the needs of employees (paragraph 4.3.3.1). Booyens & Bezuidenhoudt (2014:267) suggest that training and career development opportunities should be made available to all categories of staff. Lack of availing career development opportunities to all staff (paragraph 4.3.3.1) was one of the reasons, indicated by participants, that influenced registered nurse retention at KIH. Furthermore, participants were aware that some staff has left the health care facility and others had even changed their career path (paragraph 4.3.3.1) due to lack of career development opportunities.

Various working conditions have been indicated as factors influencing professional nurses retention (Lephalala *et al*., 2008:60; Seitovirta *et al.,* 2014:1; Atefi *et al*., 2015:1; Parveen *et al*., 2016:178). Participants in this study also indicated that nurse retention was affected by lack of professional autonomy, as in most cases registered nurses were never consulted when decisions were made (paragraph 4.3.4.3). Young professional nurses resigned due to long waiting periods and limited opportunities for career advancement including professional development (paragraph 4.3.3.2). Roos (2012:5) and Yonder-Wise (2015:349), found that lack of autonomy indeed does have an influence on staff retention. It was found that healthcare organisations who deprive professional nurses to exercise their professional autonomy

(paragraph 2.4.2.5) results in decreased work productivity, job dissatisfaction, and influences staff retention (Lephalala *et al.*, 2008:60; Dorgham & Al-Mahmoud, 2013:73).

5.2.4 Management and leadership styles

Management and leadership styles are defined by the way managers and leaders exercise their duties towards subordinates in their nursing units (Muller, 2009:95; Huber, 2010:584). Managers are also responsible to effectively manage staff and patient acuity (paragraph 2.4.3). Participants in this study revealed that professional nurses in public healthcare facilities experienced severe high workloads with increased patient ratio, and staff shortages (paragraph 4.3.4.1) amidst lack of management support and inappropriate leadership styles as evident in the statement: *"…*I don't know whether my problem is solved or I'm solving my problem, because you can complain about a specific issue to your immediate supervisor but you will end up solving the problem yourself" (Nurse Manager Participant 8). Yonder-Wise (2015:5), and Hayward *et al*. (2016:6), are of the opinion that skilled managers identify frequent problems in the unit, notice unusual behaviours amongst staff, distinguish the needs of staff, and utilise critical thinking skills to solve problems in healthcare facilities.

Professional nurse participants in this study were disappointed in the problem-solving skills and leadership styles displayed at KIH. They pointed out that their occupational-related complaints were either attended to late or not at all. This is evident in the statement "...the doctor was beaten up by the patient there was no security there was no police officer...it happened, so what the supervisors usually ask to write an incident report but as a department we have written more than three or four reports already but nothing is being done…" (Participant 2).

Consequently, nurses were overwhelmed with workloads, developed stress, and burnout; this resulted in job dissatisfaction that influenced nurse retention. Klaas (2007:25), Stroth (2010:33) and Yonder-Wise (2015:519), all found that when nurses are overwhelmed with their workload, complex roles, responsibilities and recurrent staff shortages, this results in them suffering from stress, burnout and low work morale.

Contrary to the registered nurses' claims of nonchalant leadership styles, the nurse manager participants in this study indicated that they were aware of the heavy workload and increased patient-nurse ratios experienced by nurses in KIH clinical settings. This is evident in the following statement: "Again, the second factor is workload, especially in my department the professional nurses are really being overworked…" (Nurse Manager Participant 2).

In Namibia most public health facilities are flooded with a high number of patients; some patients have to wait for long periods before being attended to (Amakali, 2013:17; Miyanicwe, 2015:1). According to MoHSS 2008/2009 annual report, as cited by Amakali (2013:17), the private sector had 2096 registered nurses compared to 1658 registered nurses in the public healthcare sector. The WHO Country Health System Fact Sheet (WHO 2006a), as cited by Jooste (2010:340), Namibia met the minimum requirement of 1000 population per nurse, but is still failing to deliver the required healthcare services. The WHO (2016:1) reported that Namibia has about three health workers per 1,000 population above the WHO recommended standard of 2.5 health worker per 1000 population. This requirement still does not meet the public needs.

It was reported that public healthcare facilities were poorly managed; this created a situation that diminished quality nursing care delivery (Amakali, 2013:20). Furthermore, inadequate managerial support influences staff retention (Yamaguchia *et al*., 2016:56). It is essential for nurse managers and leadership to ensure healthy and conducive working environments for staff (Yonder-Wise, 2015:61). In addition, job deficiencies should be analysed and corrected as far as possible.

5.3 LIMITATIONS OF THE STUDY

This study was limited to one public healthcare facility in one region with a small number of professional nurses. The findings thus cannot be generalised for all regions. Some participants might not have freely disclosed relevant information, and some did not arrive for their scheduled interviews. This might hinder generalisation of results. Interviews were conducted in English with approval of the participants. However, if interviews had been conducted in the vernacular language of participants this may have allowed them to be more flexible to express themselves.

5.4 CONCLUSION

This study explored the perceptions of professional nurses regarding the factors influencing retention of professional nurses in a healthcare facility in Windhoek, Namibia. Literature revealed studies on this topic had been done, but none were done at KIH. The key findings of this study identified some of Walton's ten elements of QWL activities. Participants were of the opinion that nurse retention was due to several factors. These being poor salaries, lack of certain allowances, lack of safety and an unfavourable working environment, lack of professional autonomy among professional nurses and other healthcare team members, lack of career development, insufficient management and leadership style. The participants

highlighted that inappropriate exercises of QWL not only affect nurse retention, but hinder quality healthcare service delivery as well.

5.5 RECOMMENDATIONS

Retention of professional nurses in public healthcare facilities ensures effective and efficient patient care (MacKusick & Minick, 2010:1; Hayward *et al*., 2016:2). Quality of work life should be encapsulated in the philosophy of management to ensure a holistic approach to the physical and emotional wellbeing of their staff (Muller *et al*, 2011:297). However, QWL represents different aspects to different people (Booyens & Bezuidenhoudt, 2014:462). Failure to consider these variables in organisations causes overwork, stress, job dissatisfaction, and negatively affects nurse retention (Muller, 2009:315). Job dissatisfaction forces nurses to leave their jobs. Hence, organisations need to assess employee needs, and incorporate positive strategies that promote retention.

Healthcare staff retention challenges in Namibia obligated health policy-makers to sign an open-ended memorandum of understanding with the Kenyan government (paragraph 1.2) in order to allow the government to recruit Kenyan nurses, and medical doctors from Cuba (WHO Namibia, 2016:1). Even though the focus was on recruitment, nurse retention was not realised. Apart from Kenya, nurses from some Southern African Developing Countries (SADC), such as Zimbabwe and Botswana, are working in Namibian public healthcare facilities, but the shortage of nurses still intensifies (Kamati, 2014:3). The following strategies were recommended by participants regarding KIH.

5.5.1 Adequate and fair remunerations structures

Review current remuneration structures at public healthcare facilities and establish positive strategies to increase nurses' salaries and opportunities to potentially better income through options for overtime. As indicated by the participants, the public healthcare organisation should consider provision of extra allowances including uniforms for all nurses, and danger pay for those working at high risk and busy places. Regular benchmarking of remuneration packages could level the playing field of perceived greener pastures at private healthcare institutions. Employers should afford employees financial stability in order for staff to maintain an acceptable standard of living (Booyens & Bezuidenhoudt, 2014:463). Non-financial incentives such as free meals, bursaries and work transport could be addressed and included in recruitment processes (Dambisya, 2007:5).

5.5.2 Safe and healthy working conditions

Public health care environments should endeavour to provide a safe, conducive and harmonious working environment that promotes job satisfaction and improves job performance of staff (Roussel & Swansburg, 2009:272; Sullivan & Garland, 2010:245; Darkwa *et al*., 2015:5). Recruitment of more nurses, addressing workloads, facilitating weekly meetings with unit staff to update and discuss burning issues, listen to nurses' suggestion regarding institutional policies, provide flexible working hours, should be considered (paragraph 2.6), Huber (2010:612) and Roos (2012:12). Professional nurses should to be allowed to voluntarily transfer between wards, and non-nursing tasks such as clerical tasks, transporting patients, deliver and retrieving food tray should be eliminated. There is a need to build more wards, and new hospitals. In addition, healthcare facilities should make available sufficient, efficient life-saving medical and pharmaceutical equipment to promote effective and efficient quality nursing care provision. Granting an institutional autonomy, regarding staff appointment instead of national approval, should be considered.

It is recommended that a nurse retention coordinator should be appointed to gather information and effectively address any aspects that cause discomfort and dissatisfaction in staff, in order to maintain healthy group dynamics and safe working environments (Roussel & Swansburg, 2009:273). There is a need for education and protection of nurses from victimisation and discrimination behaviour. It is recommended that healthcare organisations ensure the safety of staff while on the premises of healthcare facilities. The physical and psychological health of staff should be ensured by the healthcare facilities. Regular climate meetings should be held to sustain healthy inter-professional working relationships and to build team spirit amongst healthcare workers. There is a need for the establishment of psychotherapy services and recreational facilities for nurses in the hospitals, such as a gym, which would allow nurses to exercise and reduce stress (Skeldon & Gent, 2007:2; Botha *et al*., 2015:1).

5.5.3 Career development

Appropriate utilisation of nursing resources should be implemented by placing nurses with relevant qualifications at the right place. Also, it is recommended that flexible professional career progression should be implemented to allow nurses to acquire new skills, to exercise professional autonomy, as well as being involved in decision-making processes (Muller *et al*., 2011:342). Career development stimulates employees' motivation as they feel more valued when utilising their knowledge and skills where these are needed (Ministry of Health and Social Welfare (MHSW) Government of Lesotho, 2010:43). Emphasis should be given to

improving nurses' quality of work life by availing opportunities which increase organisational productivity (Muller *et al.,* 2011:299). Organisations must assist nurses to initiate responsibilities by identifying their career needs and goals. Nurses should be allowed to have study leave, do research, and enrol on distance education programmes to expand knowledge (Ministry of Health and Social Welfare, 2010:36). To facilitate nurse retention, management should liaise with human resources practitioners to find better strategies that meet the needs of managers, nurses, and the organisation (Muller *et al*., 2011:302). In addition, there is need to address lack of career development incentives for staff in rural and disadvantaged areas. Current incentive packages have proved inadequate to retain staff in the public healthcare sector. Therefore, public healthcare facilities should identify positive strategies that can motivate staff to work in rural areas.

5.5.4 Participative management and leadership styles

Implementation of effective participative management and leadership styles in public healthcare facilities that promote nurse retention is vital. Healthcare institutions need effective guidelines. These to be developed based on an organization's vision, mission and objectives (Booyens, 2008:23). To enhance motivation, reduce resistance, and generate more ideas, unit supervisors should hold weekly meetings with staff, and involve them in decision-making processes, analyse staffing capacity and work distribution, allocate nursing-related tasks and assess situations that hinder effective performance (Booyens & Bezuidenhoudt, 2014:465).

What is needed is developing effective communication skills, based on an organisational culture which values and recognises nursing resources' contributions, and the timely addressing of employees' grievances. Healthcare facilities should appoint leaders with clinical expertise, who understand the real world, are trustworthy and honest and able to plan activities based on realistic and achievable goals. Organisations must also appoint a focal professional nurse in institutions to coordinate and facilitate nurses' needs and concerns (Muller *et al*., 2011:299).

5.6 FUTURE RESEARCH

The study findings can be used by scholars to bridge the gap between what is known and the unknown about this specific topic.

The following areas for future research are proposed:

- Assess the retention strategies of professional nurses in public healthcare facilities in the future.

- Explore job dissatisfaction amongst healthcare professionals working at public healthcare institutions.
- Explore service delivery improvement initiatives for public healthcare institutions in Namibia.

5.7 DISSEMINATION

A copy of the thesis will be made available in the library and will be accessible to all staff and students at the University of Stellenbosch, South Africa. Research findings will be presented to the MoHSS, the research committee at KIH where the study took place to engage in further discussions around the topic. Findings will also be published in an accredited journal, to contribute to available literature on the subject matter and further scholar review.

5.8 CONCLUSION

Retention of professional nurses in public healthcare is vital for quality service delivery. However, effective nurse retention is challenged by certain influences. This study explored various factors influencing nurse retention in a public healthcare facility in Namibia in terms professional nurses' experiences. The study findings were compared to literature on the topic; it was concluded that professional nurse retention in the public healthcare sector is influenced by insufficient salary and remuneration system, poor working conditions, lack of opportunity to utilise and develop human capacities, and inadequate utilisation of management and leadership styles.

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APPENDICES

APPENDIX A: ETHICAL APPROVAL FROM STELLENBOSCH UNIVERSITY

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jou kennisvennoot • your knowledge partner

Approval Notice
New Application

21-June-2017

Ethics Reference #: S17/05/094

Title: Factors influencing retention of professional nurses in a public health care facility in Windhoek, Namibia.

Dear Ms F Washeya

The **New Application** received on **02-May-2017** was reviewed by members of **Health Research Ethics Committee (HREC) 1** via **expedited** review procedures on **21-June-2017** and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Period: **21-June-2017 – 20-June-2018**

Please remember to use your protocol number (S17/05/094) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:
Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired.
The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.
Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No. 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles, Structures and Processes 2015 (Departement of Health).

Fakulteit Geneeskunde en Gesondheidswetenskappe
Faculty of Medicine and Health Sciences

Afdeling Navorsingsontwikkeling en -Steun • Research Development and Support Division

Posbus/PO Box 241 • Cape Town 8000 • Suid-Afrika/South Africa
Tel: +27 (0) 21 938 9677

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Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za ; Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za; Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents, please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Franklin Weber
HREC Coordinator
Health Research Ethics Committee 1

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INVESTIGATOR RESPONSIBILITIES
Protection of Human Research Participants

Some of the responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research: You are responsible for making sure that the research is condcuted according to the HREC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research.
2. Participant Enrolmment: You may not recruit or enrol participants prior to the HREC approval date or after the expiration date of HREC approval. All recruitment materials for any form of media must be approved by the HREC prior to their use. If you need to recruit more participants than was noted in your HREC approval letter, you must submit an amendment requesting an increase in the number of participants.
3. Informed Consent: You are responsible for obtaining and documenting effective informed consent using **only** the HREC approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed consent documents. Keep the originals in your secured research files for at least fifteeen (15) years.
4. Continuing Review: The HREC must review and approve all HREC approved research protocols at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the HREC approval of the research expires, **it is your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in HREC approval does not occur.** If HREC approval of your research lapses, you must stop new participant enrolment, and contact the HREC Office immediately.
5. Amendments and Changes: If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the HREC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written HREC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the HREC should be immediately informed of this necessity.
6. Adverse or Unanticipated Events: Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research-related injuries, occuring at this institution or at other performance sites must be reported to the HREC within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the HREC's requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Health Research Ethics Committee Standard Operating Procedures www.sun25.sun.ac.za/portal/page/portal/Health_Sciences/English/Centres%20and%20Institutions/Research_Development_Support/Ethics/Application_package. All reportable events should be submitted to the HREC using the Serious Adverse Event Report Form.
7. Research Record Keeping: You must keep the following research-related records, at a minimum, in a secure location for a minimum of fifteen years; the HREC approved research protocol and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the HREC.
8. Reports to the MCC and Sponsor: When you submit the required annual report to the MCC or you submit a required report to your Sponsor, you must provide a copy of that report to the HREC. You may submit the report at the time of continuing HREC review.
9. Provisions of Emergency Medical Care: When a physician provides emergency medical care to a participant without prior HREC review and approval, to the extent permitted by law, such activities will not be recognized as research nor will the data obtained by any of such activities be used in support of research.
10. Final Reports: When you have completed (no further participant enrolment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the HREC.
11. On-Site Evaluations, MCC Inspections, or Audits: If you are notified that your research will be reviewed or audited by the MCC, the Sponsor, any other external agency or any internal group, you must inform the HREC immediately of the impending audit/evaluation.

Fakulteit Geneeskunde en Gesondheidswetenskappe
Faculty of Medicine and Health Sciences

Afdeling Navorsingsontwikkeling en -Steun • Research Development and Support Division

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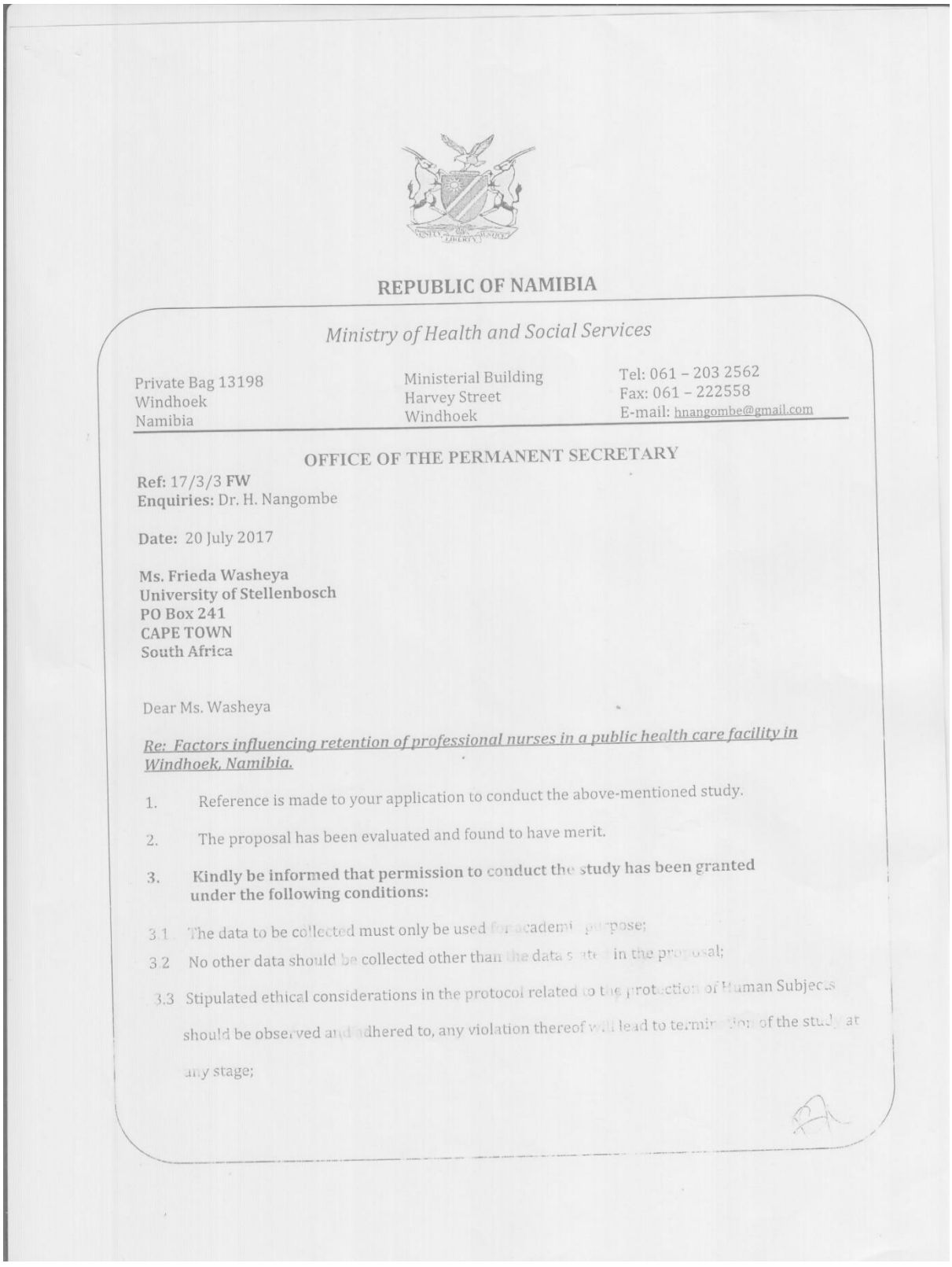
APPENDIX B: PERMISSION OBTAINED FROM INSTITUTION/DEPARTMENT OF HEALTH



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
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Tel: 061 – 203 2562
Fax: 061 – 222558
E-mail: hnangombe@gmail.com

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3 **FW**
Enquiries: Dr. H. Nangombe

Date: 20 July 2017

Ms. Frieda Washeya
University of Stellenbosch
PO Box 241
CAPE TOWN
South Africa

Dear Ms. Washeya

Re: Factors influencing retention of professional nurses in a public health care facility in Windhoek, Namibia.

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit.

3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1 The data to be collected must only be used for academi purpose;

3.2 No other data should be collected other than the data s ate in the proposal;

3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termin tion of the study at any stage;

3.4 A quarterly report to be submitted to the Ministry's Research Unit;

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry for the publication of the findings.

Yours sincerely,

Andreas Mwoombola (Dr)
Permanent Secretary

PERMANENT SECRETARY
MINISTRY OF HEALTH & SOCIAL SERVICES

"Health for All"

APPENDIX C: PARTICIPANT INFORMATION LEAFLET AND DECLARATION OF CONSENT BY PARTICIPANT AND INVESTIGATOR

TITLE OF THE RESEARCH PROJECT: Factors influencing retention of professional nurses in a Public Health care facility in Windhoek, Namibia.

REFERENCE NUMBER:
PRINCIPAL INVESTIGATOR: Frieda N Washeya

ADDRESS: P.O Box 50442 Bachbrecht Windhoek, Namibia

CONTACT NUMBER: CELL: +264 812338654
HOME: +264 812338654
OFFICE: +264 2032900
Email: ndeshi70@gmail.com

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the research investigator any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

Retaining adequate nurses in the health care facility is vital to facilitate patient's care. Nursing staff's shortage means patient' care is compromised, increased workload to the remaining staff and increased costs to the health care facility. Katutura Intermediate Hospital, in Windhoek, Namibia has been and are still experiencing a number of professional nurses leaving the facility due to unknown reasons. As a result, student's mentorship and patient's care is limited. Factors influencing professional nurses' retention in KIH is not well understood. Therefore, this study is seeking to understand why professional nurses are leaving the public

health care facility. This study is guided by the following questions: What are the perceptions of professional nurses regarding the factors influencing retention of professional nurses in a health care facility in Windhoek, Namibia?

Interview procedure:

- You have been purposefully selected to participate in this research study
- An appointment date will be scheduled with all interested participants to conduct a one-to-one interview at a venue of the participants' choice.
- Interviews will be audio-recorded and transcribed.
- All participants will be given a pseudonym in order to enhance protection of identity and confidentiality, and thus ensure anonymity.
- Participation is voluntary and may be terminated at any time.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

As a professional nurse you have the knowledge and understanding of potential factors that could influence the retention of yourself and or fellow colleagues at the public health care facility. You have been employed at this facility for longer than one year and have gained valuable insights into aspects that could benefit or influence your retention at this facility. Awareness of these factors could assist the government and institutions to implement effective strategies to retain professional nurse's human resources and achieve their Millennium health goals, provide enough staff for clinical facilitation and mentoring of nursing students.

WHAT WILL YOUR RESPONSIBILITIES BE?

- Read this leaflet.
- Think about and reflect honestly on your understanding of the factors and aspect that influence professional staff retention at KIH
- Complete and sign this consent form in duplicate. Keep one form for yourself and give the other to the researcher.
- Participate in an in-depth interview conducted by the researcher

WILL YOU BENEFIT FROM TAKING PART IN THIS RESEARCH?

As a professional nurse the opportunity to express what you feel may be enlightening and empowering. The researcher will gain an understanding of your perceptions regarding the factors that influence the retention of professional nurses in KIH. Professional nurses, nurses in general and public health care facilities may directly benefit from the findings in

understanding the factors influencing professional nurse's retention. Patients will benefit indirectly due to the awareness created, which can positively influence nursing outcomes.

ARE THERE ANY RISKS INVOLVED IN YOUR TAKING PART IN THIS RESEARCH?

There are no risks involved in this study

IF YOU DO NOT AGREE TO TAKE PART, WHAT ALTERNATIVES DO YOU HAVE?

There are no alternatives – either you participate or not. You may withdraw your consent at any time and discontinue participation without penalty. Participation is voluntary.

WHO WILL HAVE ACCESS TO YOUR MEDICAL RECORDS?

All information collected during interviews will be treated as confidential. The identity of the participant will remain anonymous at all times, including in any publication or thesis resulting from the study. All data will be locked up in a safe for a period of five years and will only be made available to the supervisor, co-supervisor and research ethics committee upon request.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study. There will be no costs involved for you, if you do take part. You will be reimbursed for travelling expenses to the maximum of R50. Refreshments will be served.

Is there anything else that you should know or do?

You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by the interviewer.

If you have questions regarding your rights as a research participant, contact Ms Laetitia Fürst [lfurst@sun.ac.za; 021 938 9822] at the Department of Nursing and Midwifery, Stellenbosch University.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I ……..…… agree to take part in a research study entitled *"Factors influencing retention of professional nurses in a Public Health care facility in Windhoek, Namibia"*

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at **Windhoek** .....…..... on ……...…… 2017.

....

Signature of participant **Signature of witness**

Declaration by investigator

I **Frieda N Washeya**……...…… declare that:

- I explained the information in this document to ……...
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*

Signed at **Windhoek** ……on……...…….. 2017.

....

Signature of investigator **Signature of witness**

DECLARATION BY INTERPRETER

I *(name)* ……...…… declare that:

- I assisted the investigator (*name*) …….. to explain the information in this document to (*name of participant*) ……...……... using the language medium of **English/Afrikaans, Herero, Oshiwambo or others (Specify)**……
- We encouraged him/her to ask questions and took adequate time to answer them.

- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) .....…..……... on (*date*) ……...…2017

....

Signature of interpreter **Signature of witness**

APPENDIX D: INSTRUMENT/INTERVIEW GUIDE

Semi-structured interview guide conducted by

☐ **researcher** ☐ **fieldworker**

(Mark with an X)

Date: _____

Venue: _____

Time: _____

SECTION A

Demographic data:

Age: _____

Gender: _____

Years of service at the institution: _____

Reminder: start the interview in a friendly manner, listening to any questions the interviewee may have about the process.

SECTION B

Introduction and welcoming remarks

The interviewer will do the introduction remarks, explain the purpose of study to the interviewee which is factors influencing retention of Professional nurses in the public health facilities

The following open-ended questions will guide the interview:

Question 1:

Can you tell me what the word staff retention means to you?

Probing words (staying at workplace; leaving work place, resigning work, move to other place of work).

Question 2:

Talk about your experience of why staff resign from the public health care facilities in Windhoek Namibia?

Probing words (salary, benefits, workload, incentives, work relationships, career path, job satisfaction; conflict management; work relationship with colleague supervisors, etc.)

Question 3:

What do you think can be done to stop the professional nurses from leaving the public health care sectors?

Probing words (staff development, succession planning, empowerment of staff, salary remuneration, benefits, negotiation, etc.)

APPENDIX E: INTERVIEW EXCERPT

INTERVIEW TWO

CODE: 08

DATE: 21/08/2017

KEY

I: INTERVIEWER

P: PARTICIPANT

I: Good morning, I am Ms Washeya a student at the University of Stellenbosch, doing a master degree in nursing science. I am doing the research study on factors, which are influencing retention of professional nurses in the public healthcare sectors in Namibia. First of all I want to thank you for…

P: Good morning. My name is sister …

I: Okay, I am actually here to collect data as I have explained to you and am very much thankful that you made time despite your busy ward. How is the morning?

P: Very busy

I: Very busy.

P: Very very busy, and the morning is busy just because of shortage of resources not because of unpredictable issues, it's because of the machines. It is very old, cannot function like that machine in theatre six just suddenly gives in, like it has been working but yesterday and today it started giving problems like yesterday.

I: Okay, that is starting already. I can already determine how the day is going to be but we believe is going to be fine. Please feel comfortable and the information which you are going to give will be treated confidential. You will be coded, meaning it will not be linked to your name and as I have given you the consent form. I have explained to you the purpose of the interview and its' benefits to the community, the public healthcare

sectors as well as the nurses in the future and for those who are doing their research in the future if they would want to get more information. Before we start may I please, know if you have any questions regarding the consent form?

P: I do not have any questions, but if I want to be honest with you, I want to talk out of my heart. I'm doubting I have to put my name in the consent form and you take the consent along.

I: Yes, I will also give the consent form to you as I have told you but the information will be recorded in the audio tape but it's not what is on the consent form, so meaning there is nothing, which is linked to you.

P: And I have to write my name full out

I: Yes, full and also to sign then now I will give you the copy of the consent which you can have as well

P: To do what so that you can remind me on this day you signed this?

I: Not necessarily, but it is just a proof that you took part in this research study and should you want to get this information it will be made available because it will be published in a journal. It will also be made available to the Minister of Health and Social Services. The research is done officially the consent was given by the Ministry of Health, as well as the superintendent of the hospital so we can now start if it's ok with you. First of all, may I please know your age matron?

P: 50

I: 50 years old.

P: 50 years old.

I: Okay, can you tell me more about your qualification?

P: I am having, my highest qualification or how do I go about?

I: Yes

P: A bit of my experience and you, need my qualifications that I'm holding.

I: First of all you can tell me, your latest qualification then the years of working experience

P: My highest qualification, I am having a diploma in comprehensive health nursing and then am having diploma in theatre technique and then I am currently busy with my degree in public health management.

I: Okay, that's wonderful. I want to tell you that there is no right or wrong answer to this interview. Whatever information you are going to give will be held confidential.

P: Its fine if you see the door is open,

I: So can you tell me now about the years that you have been serving in the public healthcare sectors

P: This is my 30th

I: Third year

P: Three zero

I: 30 years, okay wonderful and ever since you started you have been just with public were you ever been in the private health sector?

P: Only in the public healthcare.

I: You have just been in the public and currently I have picked up that you are a manager who is managing the whole theatre. Can you where have, for how long have you been as manager in theatre

P: It's my 10th year

I: 10th years

P: Not to have in theatre. In theatre, it's my 7th year but as a manager for the hospital, I was three years the manager for … Hospital, then this seven years I am running Ka.. theatre

I; Okay, that's great now going back to our title factors influencing retention of professional nurses in the public healthcare sectors, how do you understand the word retention?

P: Retention is keeping the staff in the health sector.

I: Okay then now, based on your experience told me that you worked in … is it a hospital or is it a clinic?

P: It is a state hospital

I: It's a hospital

P: It's a hospital with hundred-bed occupancy rate.

I: Okay, wonderful and you have been a manager, managing also there.

P: Yes

I: Okay, now based on your experience at …and you come here in this state hospital still, what have been your experience or what did you observe regarding nurses not being retained by the state and what could be the contribution factors?

P: The first factors why the staff doesn't want to remain or stay in the state is finance and then the second one is the shortage staff. Due to this shortage of staff they are working under pressure they cannot finish, you cannot finish your work and it is always back to you. If you didn't finish because you are overworked, you overworked yourself and become tired, that's why most of the time they are resigning. Everyone who is coming for resignation, they say work is too much, salary is too low

I: So you said most of those you have spoken to the major cause is staff shortage which is leading to the staff to overwork. Then at the same time you said one feels bad when you know nursing is a profession which requires nurses to be committed and give that care from the heart. But according to you when a person overworked, attending to this patient will not be effective, at the same time, nurses will feel bad because they did not provide the care which is...

P: Quality

I: …quality, okay so the quality care is completely compromised. And, you mentioned that it is linked also to finances, no matter how much one has worked, the finance is limited, right?

P: Yes

I: Okay when I, greeted you earlier you mentioned something how has the day started. It's about resources right?

P: Yes.

I: Can you also elaborate more on how these resources are affecting you.

P: Materials

I: Yes.

P: We can start with the building itself, the building is old so the pumping system is becoming warn out under the walls. Since last week Wednesday we were having problems with medical air in the wall of theatre three and it has been there since Wednesday, Thursday, Friday. We don't know the air is not coming out, through the machine, we don't know the problem, so at least it is solved today. And again this anaesthetic machines.

I: What's wrong with the anaesthetic machine?

P: We are having nine theatres and for this past 20 years as am telling you I have been here for this past seven years for this 20 years we are using old anaesthetic machines while you are busy, they just gives in last week, Tuesday the machine in theatre one then later gives in and doesn’t want to ventilate again and because these machines are old you also don't have accessories to replaced. So, it's really difficult for us, you take this one out, you replace the ventilator with another one which was not having the socket like that in all this seven years that they've been here we only received one new anaesthetic machine for all these nine theatres.

I: Now tell me you mentioned that a machine which just gave in now does it give in while the patient is being

P: While the patient is on the table, so you have to keep on venting, bagging that patient because ventilator gave in until you wake the patient up when the surgeon is finished with their procedure.

I: Now how does it make the nursing staff and the medical staff that are involved in theatre?

P: It causes frustrations to the staff. If you are a nursing staff and didn't prepare your theatre well although you prepared then you might lose that patient so it causes very much frustrations to the patient and staff.

I: Now is the manager first with all this like, challenges regarding the equipment did you ever try to raise your concerns to the hospital management

P: A lot. Every time when am having a problem, I have to contact my direct supervisor and every time I contact and tell them.

I: And does it solve your problem or not.

P: I don't know really. Really I don't know whether my problem is solved or I'm solving my problem because you have to report your direct supervisor you have to report to the like to the hospital is divided in divisions so you have to report to the division responsible for that condition like is the medical air which is not working yet to report to admin support so that they can call the company, which is responsible for medical air but you end up calling the company you yourself till the company help your problem. Like now, we don't have air condition. We don't have air condition and this company which have to give us air condition they say last year they did the service on our chiller air condition system and up to now their requisition is not processed no one was send. It is the admin staff that have to send this requisition but they don't want to send now the company come out to me, I have to sign it, mine is only to receive the air condition, I don't know from where it comes from it's not in my mandate. I am here for nursing care, but I have to run and see how is the air-conditioning working, it is also frustrating and will cause the staff to go out, they will not be retained in the public service.

I: Now during your management service in this place, which is theatre which have been managing for some time, how many professional nurses have been leaving like per or every three months or something like that?

P: Like this year from January to August where we are, we lost six professional nurses. We only received four professional nurses and we lost six before we lose those of last year. Those of last year were replaced with four and we remain with staff shortage. While we are having this shortage, if you get four, six leave again.

I: And now this people you are getting do they have the same level of experience?

P: This one who left last year have been here for three years. This one have been here for at least for 27 to 30 years because she retired.

I: 27 to 30 years.

P: So this one was promoted to senior registered nurse ka…….. hospital theatre and this one was transferred to ……..... These two resigned they've just have been a year here to go for medical to go study medicine.

I: Okay, now when these people are leaving with this years of experience, how does it make you feel when you are thinking in terms of patient care? They have been here for three years or seven years, 20 something years?

P: Patient care is compromised because every time you get new staff you have to train them within a year or two years and they leave again.

I: So meaning now this people who are leaving, they take their knowledge and skills along which is very difficult to replace, right? because it puts you also in a corner because this people who are coming the new ones you have to train them for a year as you mentioned, and it also gives you strain.

P: And this place is also for specialised care when you train a person for this place, it takes a long time before the person go into the system to be a registered nurse with her own responsibility it will not be a week. It’s not like the ward where you are giving Panado, Panado is only Panado, a person quickly get used. Here it is many procedures that the person have to know so it will take the time and you teach the

person as the procedure comes in. A person might be in theatre for six months, but one procedure did not come across so she still don't know. So you will not make that person responsible like put that person on night duty or let that person work weekend because that procedure might come during the weekend when she is the only registered nurse in the department and then she will leave you again.

I: Okay, now this people, who are leaving are they also like specialise in theatre or they are just registered nurses?

P: This one was promoted to…….hospital, she specialised in theatre the one who retired, she is also specialised in theatre.

I: Okay if I have to take you back to the issue of the finances, which you said is linked to workload, do you think is the contributing factor to nurses leaving in the public healthcare sectors? Is it, is there a problem concerning the salary, are they being paid fairly according to your observation or the salary is not good?

P: According to my benchmark with other private sectors the salary of our staff is very low when one went to private sector, she is influencing the others, I am paid more than you with 10,000 or 20,000 then others have to run behind the other to the greener pastures.

I: So meaning the private sector are also kind of draining, hence the salary is well?

P: Yes.

I: And now, if I leave the state I will be able to influence my friend who is working there to come and at the end of the day this is causing strain on the remaining registered nurses.

P: Okay, you told me that you have been serving for 30 years and you never went to private.

Did you experience or faced challenges which made you to manager think of leaving the state and work at private sometimes?

P: Well state is frustrating, but I don't have that mind yet to go and leave the state,

I: So you still want to remain?

P: Yes, I still want to remain, I just want the state to change and I don't know how?

I: Okay, now you were told me that things are old, can you probably tell me, plus or minus how old is this theatre.?

P: This theatre was established in 1974 and it never received a proper renovation. Last year we were promised that it would be renovated up to now we are still waiting for renovation. Walls have warned out, doors are falling apart and as in theatre you must work in closed doors but doors are falling down they are not replaced and what I have realised nowadays it is the system of procurement which is very frustrating me this one gives this, this one says this, which is very much frustrating.

I: Now, meaning you said you are having about nine or seven theatres,

P: nine theatres,

I: Nine theatres let me say that now surgery theatre or gynaecologic theatre. Okay, for instance, you are in theatre, people are busy in theatre gynaecology theatre busy with the patient and the door is supposed to be closed and this door is broken, how do you maintain privacy and also control infection in this theatre with a broken door which is open during the procedure?

P: With broken doors, you have to run behind the ministry of works and the administration support people so that the door can be repaired. When this door is broken we cannot operate in an open door so the list of those days are being cancelled. You're going to work in another theatre like you tell the medical air problem, you wait until the other theatre is finished with one patient so that you start there and then they can start at 10 or 11 o'clock and people have to knock off at four o'clock and go home. They have to start from 730, they start at 10/11 o'clock and by 4 o'clock they have to finish and you must not extend their duty schedule because you don't have financial resources to pay them back.

I: So it is really time consuming?

P: It's causing a burden.

I: And time-consuming,

P: Time-consuming

I: And it's also frustrating here, coming in here instead of one going on time, which is scheduled one has to wait.

P: Yes, for another theatre if that theatre is broken.

I: Okay

P: Like it they might come the whole list is cancelled, there is no oxygen failure of oxygen to theatre

P: Now, if you cancel now these patients?

I: The whole list, 30 patients they are going to pile up in the wards. I'm having my report because we are facing this problems most of the time.

I: So now let me say patients who were supposed to be done surgery related to orthopaedic are cancelled for that week, when are the patients brought back to theatre? Because when they are sent back to the wards they will occupy the beds, receive food and will still consume water and all those kind of things? So when do you resume again that it was cancelled, may be an operation schedule for Thursday?

P: It's the surgeons again to rearrange these patients; it depends on the condition of the patient. The patient might be on elective list while the patient's condition is an emergency, the surgeons most of the time they are coming twice to theatre. If the list of Friday was cancelled then by Monday they will reschedule this patient again on the list of Monday, but the list of Monday was also having patients, which were already booked, so they have to split all this six or seven patients that they booked for the day which was cancelled and then for emergency we make appointments to ……..hospital and we are go perform real emergencies there theatre. Just imagine to run between the hospitals now, you have to arrange the transport to take the staff to ……hospital and the patient

I: So meaning

P: Another disaster again.

I: …..meaning this rescheduling of cases is affecting the nurses, the medical staff and the patients themselves.

P: Yes, the patients themselves is also affecting the other hospital because you have to squeeze yourself there to do you emergencies there.

I: And have you ever heard of doctors also complaining that they are frustrated because of the working condition?

P: Even today they are frustrated, because last week this medical air problem, it was there up to 10 o'clock that is the time they started with their patients

I: And they were supposed to start at what time?

P: 730 and today again the same problem but at least is solved. What is the time now? 10 o'clock maybe they start there at 930 with their first case, but they have to finish at 4 o'clock and you must not extend the staff, everyone have to move 4 o'clock home. So if it is beyond four those patients will be automatically be cancelled, back and it will be rescheduled again in the wards.

I: And now if these patients are being cancelled, what has been your experience on the side of the patients if patient had been a list of 30 and the ward brings the patients?

P: I remember 2014 we were having patients who were piling up cancelled due to lack of oxygen, lack of nitrous oxide and these patients went on strike. I can say and most of them were cholecystectomy patients to be done laparoscopic cholecystectomy or open cholecystectomy and the medical superintends' office was approached that we are having this piling up patients through the head of department of surgery, so then he decided to take one theatre one Monday that he did all this 10 patients at the same day, so he started from the 730 up to the evening seven o'clock and he finished them. It's very tiring.

I: So the patients were they striking while they were in the wards or what act…..?

P: If you are cancelled you will be sent home on painkillers, so they went home and then they went to the head of department what can we do, we have been here a lot of times went through the medical office they decided all to do all of in one day.

I: Now when you said the patients were striking, what actually they were doing regarding their right to treatment?

P: Yes, they came to the medical officers and they were complaining today, we must be done we will not go back home

I: So they were raising up their voices?

P: Yes, then they were given that day to come back.

I: Okay,

P: I think there were two or three people who came, but that day I think we did 10 patients

I: The same day.

P: The laparoscopy patients.

I: Okay now, is there any other resources perhaps which are normally causing problems apart now from the ventilator, oxygen machines?

P: Nitrous oxide medical air we are also having problems with this see CSSD department, is also causing frustration. Burnout actually sometimes you become so angry like if someone come to greet you good morning, then you already angry just because of that problem which is running in your heart. CSSD is not in our hospital it is located at …….hospital. We are having transport, which is transporting for us the packs, dirty packs to …… hospital and then from ……. hospital to us this transport is working well. The problem is in CSSD. They are complaining they do not enough staff so they are not preparing the packs on time and then they don't have enough packs for us like packs like the gowns they have to pack for us the gowns and sterilise them, the transport might go there 7 o'clock, like what we are doing every order when the transport come, they didn't come with the gowns. You don't have gowns here, yesterday you didn't get enough gowns, so you have to call them back. Sometimes

you have to drive yourself down to CSSD and pick up the gowns, because now the gowns is out of the autoclave and transport is already in …' And the transport is having its routine work, you cannot say they are here at the loading zone, they are loading the packs and you say please go quickly to … hospital go bring the gowns you did not load them. They would not say they have to load off what they come with, they have to load what they collected from the ward, the dirty packs from the wards, from the theatres before they go to….. .Now you want your gowns quickly, so you have to drive yourself to CSSD to go pick up the gowns.

I: With your own car?

P: With your own car. We are suffering here and when the situation is out of your hand , then it is your problem it's the manager's problem, what can I do, I have been telling you we don't have the gowns CSSD is not having gowns I've been talking to our management and economising committee. Let us order our own gowns, so that if CSSD is not giving us gowns so that at least we have what we can use until CSSD give us. Then they say no, that is the responsibility of CSSD they have to give you enough gowns CSSD is not giving us enough gowns. So then, when it comes to a situation when it comes there are no gowns, nothing to start with in the morning. Why are you have not having gowns? Why didn't you do what, but why didn't you report? The gown problem has been there for three years.

I: Now when you experience, those gowns shortage, specific management issues which have to be solved within the department while the patients are waiting and the doctors want to start their work. How do you control infection with these gowns shortage?

P: Without gowns, you cannot do anything. We have to wait up to 9 o'clock or 10 o'clock that's why because of the time consciousness you cannot wait for the transport to go back and collect the gowns again, you just have to go yourself quickly and bring the gowns you will find one lenient doctor, Please doctor go to CSSD, go bring for me gowns there, sometimes the doctor does not even know where CSSD is. She is ready to help you don't know where the CCSD is. You just have to drive your own car and go.

I: Okay, now with all this information now you really gave rich information I just want some recommendations from you. Based on all this information you gave staff shortage, finance, machines that are not which are out dated or out of order, equipment not being delivered on time or sometimes they are beyond your control for them to work so that the patients can be done here. What recommendations do you want to give the state, so that the improvement can be done like you told me you have been serving for 30 years, and your heart is still with the Ministry?

P: The heart is still with the Ministry with public service. What I want, is for the management the superiors, when I reported something we don't have gowns, we don't have syringes, they have to act now they are accepting, they have to. What frustrates me you said we don't have gowns CSSD said they don't have gowns and are ordering from CSSD and the CSSD they don't have gowns, still they send you back go to CSSD ask, why do they not have gowns. They said they don't have and if CSSD don't have gowns again and then it is worse, why did you not tell us that you did not have gowns. Did I not tell you on the 3rd that we don't have gowns, did I not tell you that we don't have gowns and what was the playground for me to come to you and tell you that we don't have gowns, if we really do not have gowns. Instead of coming to me, if, did CSSD give you gowns and you take it up from there why you did not have gowns and what can we do? Sometimes you take an action you stand up with your orders you, let me do requisition go and order the gowns. No it's not your work its responsibility of CSSD when the gowns is not there they are coming to you. Why can't you go to CSSD and ask why they did not have gowns, why they did not provide you ……..with theatre gowns.

I: So meaning you want the management to learn

P: To learn to act, they are listening, but they're not acting

I: They are not acting. Okay, now with these outdated equipment, like the machines, which just give in in the middle of the procedure where you end up you and your staff bagging for the patient until the procedure is done. What is the recommendation concerning the equipment.

P: My recommendation concerning the equipment and the whole infrastructure is to get another new hospital with new equipment. Really if it is, after years at least you

are promised to get another new equipment at the hospital, look how old is this cupboards but you cannot order a new cupboard while you don't have an anaesthetic machine, while the people tell you there's no funds. How can you order new anaesthetic machine, how can you order a new cupboard while the anaesthetic machine, the life-saving one is not there. You have to prioritise the way you need your equipment also your resources.

I: Okay, and the finance.

P: The finance what I want to recommend is salary increment, pay the staff on time their over time, like now I am in a dilemma the staff do not want to work overtime because they are not been paid, although there are going to get their salary one day, they just want to get them on time also.

I: Okay, I think sister with the time you really touched on these burning issues, I believe. Is there anything else, which you think you wanted to say?

P: I talked my mouth dry, it’s enough

I: Okay, I think we came to an end of our interview and thank you so much with the time you put aside to accommodate me. This information will be published in a journal, and also the Ministry will have this information to see on what they can work on so that the service can be improved. Thank you so much.

END OF INTERVIEW

APPENDIX F: CONFIDENTIALITY AGREEMENT WITH DATA

I **TAKAEDZA MUNANGATIRE** the transcriptionist of data collected for the study entitled

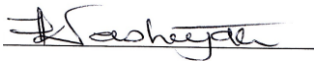
FACTORS INFLUENCING RETENTION OF PROFESSIONAL NURSES IN A PUBLIC HEALTH CARE FACILITY IN WINDHOEK, NAMIBIA

Solemnly pledge that I will not disclose any information from this study to anyone under whatever circumstances. I understand the underlying ethical principles and the need to maintain confidentiality. I am aware that failure to do so will result in certain repercussions against me.

Signature of transcriptionist

Date: 31 July 2017

Signature of principal investigator



Date: 31 July 2017

APPENDIX G: DECLARATION BY LANGUAGE EDITOR

MARLEO'S COMMUNICATION SERVICES

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Cell: +27 83 6701737

21 November 2017

Confirmation of sub-editing thesis entitled

Factors influencing retention of professional nurses in a public health care facility in Windhoek, Namibia

I, Leonie Munro of MarLeo's Communication Services, confirm that I subedited the text of the abstract and five chapters of the above thesis.

The final proofreading of the text is the responsibility of Frieda Ndeshihafela Washeya

MLC Munro

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This is to certify that the thesis titled

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written by

FRIEDA NDESHIHAFELA WASHEYA

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